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ABSTRACT

The purpose of this study was to develop a valid and reliable health promotion workbook to assist staff and volunteers of the AIDS Calgary Awareness Association in the systematic design, development, administration, and evaluation of preventive health promotion programs. Information was gleaned from a review of health promotion, social marketing, and AIDS-related literature; consultations with health promotion practitioners; and workbooks provided by national health organizations. A first copy of the workbook was developed through formative consultation with an internal working group from AIDS Calgary. The draft copy and a Workbook Evaluation Instrument were given to three external reviewers for summative comments. A second draft was resubmitted to the first two groups and a third group of external reviewers. From the comments of all reviewers, the workbook was determined to be ready for use. Recommendations for the improvement of practice included the request to apply process and product evaluation to confirm the workbook's content and construct validity. Appendixes provide an explanation of the Simple Systems Model; a Health Promotion Model (Source: Uganda Work Experience); copy of the letter sent to national health promotion organizations with a list of organizations contacted; the workbook evaluation instrument; and the final product--the Health Promotion Workbook. (Contains approximately 55 references.) (Author/LL)

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THE DEVELOPMENT OF A HEALTH PROMOTION WORKBOOK FOR AIDS EDUCATION PROGRAMS

Curriculum and Program Planning

Stephen Hobbs
AIDS Calgary Awareness Association

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Calgary Cluster

A Practicum Report presented to Nova University in
partial fulfilment of the requirements for the
degree of Doctor of Education

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Abstract of a Practicum Report Presented to
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THE DEVELOPMENT OF A HEALTH PROMOTION WORKBOOK FOR AIDS EDUCATION PROGRAMS

by

Stephen Hobbs

March, 1994

AIDS Calgary Awareness Association (AIDS Calgary) has an Education Services Department through which it manages its health promotion program. Until this study, the agency has been without a systematic approach to the design, development, administration and evaluation of health promotion. The major purpose of this developmental study was to develop a valid and reliable health promotion workbook that assists volunteers and staff in implementing a health promotion program.

The development of the health promotion workbook used information gleamed from a review of health promotion, social marketing and AIDS-related literature; consultations with health promotion

practitioners; and workbooks provided by several national health organizations involved in health promotion. The workbook followed a fill-in the blank-box format determined appropriate from the literature and consultations.

The first copy of the workbook was developed through formative consultation with an internal working group from AIDS Calgary. The draft copy and a Workbook Evaluation Instrument were given to three external reviewers for summation comments. Based on all the feedback of the first two groups, a second draft of the workbook was written and resubmitted to the first two groups and a third group of external reviewers.

From the comments of all reviewers, the workbook was determined to be ready for use. They also agreed that the proven validity and reliability of the workbook lies in its use.

Recommendations for improvement of practice included the request to apply process and product evaluation to the use of the workbook to confirm the content and construct validity of the workbook. Further, it was suggested that facilitator support be offered to other departments within the agency who want to use the workbook or to organizations who agree to try out the workbook. The involvement of external organizations would verify the transferability of the workbook. It was also recommended that some thought be given to the computerization of the workbook.

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Chapter 1

INTRODUCTION

AIDS Calgary Awareness Association (ACAA) is a voluntary, non-profit organization engaged in community education of issues related to HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and support of people infected or affected by HIV. In its role to educate the community, AIDS Calgary's Education Services Unit provides information on HIV and AIDS issues by offering impartial and diverse learning opportunities.

The information dispersed by ACAA originates from two primary sources. The first source includes external organizations such as Alberta Provincial AIDS Program (Alberta Health), Calgary Birth Control Association (nonprofit organization) and Calgary Health Services (public institution). The second source is the internal planning and programming of ACAA itself. On many occasions, it is a melding of both external and internal information that forms the basis of the health promotion and education programs offered by AIDS Calgary.

Staff and volunteers within the Education Services unit are involved constantly in disseminating information to different target groups within the community. Each group requires a different message or variation of another be provided. As a result, a plethora of approaches are required to achieve the desired outcome.

Problem of the Study

The process of approaching different target groups in different ways has been hindered by AIDS Calgary's inability to apply a systematic approach to health promotion. In the past, health promotion planning in Education Services consisted of developing a message based on a loose environmental scan of the target group, call a meeting to discuss a few ideas, agree on an idea, and then develop a message. Unfortunately, upon review of the files no record of the thoughts generated nor an evaluation of the process or product of previous evaluations were available. The problem of the study is to understand a systematic approach to generating, and thereafter recording, health promotion information.

Purpose of the Study

The purpose of this study was to develop an appropriate and valid health promotion workbook that assists staff and volunteers in the systematic design, development, administration and evaluation of preventive messages associated with HIV and AIDS awareness. A workbook format was chosen for several reasons. Financially, the written workbook format is cost efficient for the agency in a time of provincial budget cuts. Functionally, it provides a record of the knowledge generated through the development of the message; it provides a consistent format for the comparison of thoughts; it provides a process by which to generate thoughts; it provides a way to analyze the information generated; and, it provides a way to evaluate the appropriateness of the message.

Significance

Building on federal health promotion initiatives outlined in the document Achieving Health for All: A Framework for Health Promotion (Epp, 1986), the international Ottawa Charter for Health Promotion (World Health Organization, 1986) and the Canadian AIDS Society's Health Promotion Program (Canadian AIDS Society, 1993), ACAA's contribution is framed primarily in prevention and support. Of particular interest to this study is the contribution of ACAA to increasing prevention. That is, "stepping up our efforts in public education . . . aimed at reducing the occurrence of preventable illnesses in Canada" (Health and Welfare Canada, 1989, p. 4).

Since 1986, the target groups have become more specific and yet there still exists the need to target the wider community (Health & Welfare, 1990). Of particular importance to health officials is the need to ensure people living with HIV and AIDS are given opportunity to access information on HIV and AIDS issues (Canadian AIDS Society, 1993; Pickel, 1993). With the available drugs to deal with the illness, people who are HIV infected are living longer. They require access to information if they are to make the correct choices for themselves and those affected by their HIV status.

It is the intention of ACAA to promote health concepts that disseminate facts and information for all people to understand HIV and AIDS issues affecting them. To ensure promotion and education work are implemented and evaluated, a systematic approach to developing health promotion messages with follow-up health education programs is required. Such an approach provides AIDS Calgary Education Services with an opportunity to ensure all external stakeholders (funders, government agencies and partner AIDS Service Organizations) involved with ACAA that the organization is doing its part to reach identified target groups in a relevant, effective and efficient manner. In addition, the volunteers and clients (those infected and affected by HIV) who are involved with Education Services can use this approach to develop health messages and activities for different groups.

It is important that volunteers and clients become involved. They are the people who deliver the messages and programs, and/or provide thoughts on what the messages should contain because of their personal experiences. With the systematic approach developed in this study, the personal experiences can be recorded and translated into health promotion messages.

The use of a workbook provides a way to generate more thoughts for consideration in the design and development of preventive messages. For example, the diversity of target group profiles has changed from primarily gay and bisexual men to heterosexuals, in particular young women (Alberta Health, 1993). While gay and bisexual men still make up the greatest number of AIDS cases (Health and Welfare Canada, 1993), the health trends suggest increasing HIV infection in women (Health and Welfare Canada, 1990). Whereas the holistic prevention message delivered to the community is similar for all target groups, there are differences in what and how specific messages can be delivered to gay and bisexual men, and young women.

Relationship between Practicum Topic and Seminar

The development of an appropriate and valid workbook is related to the topics examined in the seminar Curriculum and Program Planning. The implementation and evaluation of health messages relies on the proper design and development of the health messages. These four elements outline a generic curriculum and program planning model (Ornstein & Hunkins, 1988). This systematic model lends itself to the concepts associated with health promotion and social marketing. Utilizing an interactive workbook that outlines health promotion practices provides an approach through which to achieve the desired result.

Research Question

The study process followed a developmental methodology. The research question was "What design criteria should be followed to develop an appropriate and valid health promotion workbook?" In support of the primary product of the study (the workbook), the secondary products included understanding the difference between health education and health promotion, and its usefulness in supporting the Education Services' work. In addition, the workbook is thought to have application in other units of the agency to assist staff in their delineation of key work concepts. For example, the Fund Development Unit works with two major concepts. They are fund development (like health promotion) and fund-raising (like health education).

Chapter 2

REVIEW OF THE LITERATURE

Information for this chapter originates from three sources. The most immediate source is the HIV and AIDS literature. As a recent inclusion in the literature, the subject of HIV and AIDS, and the discussion of their theories and practices has burst on the scene. The proliferation of literature is unprecedented for the length of time the illness has been reported. The second source is health promotion/social marketing literature. This literature outlines the basic tenets of why and how to organize health promotion approaches and programs through a systematic approach. The final source of information is curriculum and program planning, and technical writing literature. This literature provides insight into the criteria useful to the design of a workbook.

HIV and AIDS

Since the inception of the Gay Men's Health Crisis agency in New York (Clausen, 1989) in 1983, the HIV and AIDS movement has grown throughout United States and Canada. In Canada, 93 community-based AIDS Service Organizations (Canadian AIDS Society, 1993) opened their doors, providing education and/or support services to HIV infected and/or affected people. These AIDS Service Organizations (ASOs) are loosely banded under the auspices of the Canadian AIDS Society (CAS). While maintaining autonomy in their respective jurisdictions, the ASOs rely on CAS to initiate federal lobby efforts through direct contact with the federal Ministry of Health or indirectly through the AIDS Secretariat. In addition, CAS supports local efforts through nation wide promotion and education programs such as AIDS Awareness Week.

From a national to local perspective, the number of AIDS cases (which are reported), and the rate of HIV infection (which is not reported and therefore is speculative) are still increasing (Alberta Health, 1993). With another five to ten years of diligent promotion and educational effort, it may be possible to determine if a difference in the epidemiology of the illness can be determined. The delay in evaluation is a reflection of the pathology of the illness (Remis & Sutherland, 1993) and the behaviour of people.

Due to the way in which HIV manifests itself, it is possible for people to be infected without them knowing they are infected. With continuance of unsafe practices by some of those infected, the virus is still transmitted from one person to the next. Therefore, promotion and education about HIV and AIDS are for those who are infected and for those at risk.

As the illness progresses, it is clear that the virus does not discriminate. HIV is "behaviorally" transmitted through unsafe practices. Therefore, no segment of the community is any less vulnerable than another. Since its identification in 1983, HIV was reported primarily in the homosexual and needle sharing communities. Now it has moved into the heterosexual population, especially amongst heterosexual women (Remis & Sutherland, 1993).

Within the homosexual community aggressive promotion and education campaigns initiated a greater caring by the community for its members. However, the incidents of HIV infection amongst young gay men is once again increasing (Myers et al., 1993). Dissemination of information by the gay community, in collaboration with ASOs, is necessary. Myers' et al. (1993) national study of the knowledge, attitudes and practices of gay and bisexual men concluded more effort to educate men who have sex with men is required sooner rather than later.

Part of the increase amongst women is attributed to the collective voice of women wanting to become involved actively in their health (ACT-UP, 1990). This call to action has raised awareness of the effect and affect of the illness. More women are coming forward to provide additional information on the manifestation of HIV in women. Until recently, the medical diagnosis has been based primarily on the male experience (Richardson, 1988).

From the long term case study diagnosis of women who are HIV infected, it appears that the self esteem concept of a woman is an important variable in transmission. Parallel findings are found with other sexually transmitted diseases. It appears that the skills to negotiate safer practices is more difficult amongst some women who feel marginalized already. According to some women writers, it is still a man's world. The pursuit of safer practices, while it is becoming the responsibility of both men and women, is many times thrown out if the women is unable to negotiate properly (Richardson, 1988; ACT-UP, 1990).

With the increase in HIV infection; with people living longer with HIV and AIDS; and without a cure in sight, promotion and education remain the best ways of alerting people to live with the illness safely (Decosas, 1993). The entire gambit of formal, informal and nonformal techniques for disseminating information have and continue to be used (Sabatier, 1989). Some specific programs have met with success while others have been fraught with discouraging results (World Health Organization, 1991; Taylor & Henderson, 1992).

Of primary importance in the success of HIV and AIDS promotion and education programs is understanding the adult's perception of the illness, and the risk an individual is willing to take with regards to HIV transmission (Sabatier, 1989; Gillies & Carballo, 1990). With this understanding it is possible to determine the best dissemination technique. According to Gillies & Carballo (1990), there are two principal reasons for targeting groups of individuals for health activities, namely effectiveness (doing all the right things) and efficiency (doing all the things right). And conversely, they offer two major drawbacks to targeting. First, by targeting groups of individuals it is possible to engender social ostracism and stigmatization, thus forcing individuals underground. Secondly, by targeting, it is the "tendency of those not targeted to perceive themselves as 'safe' from HIV transmission" (p. 943) and thus a measure of complacency develops. However, as Gillies and Carballo (1991, p. 943) concluded, "these drawbacks are secondary [yet not to be ignored] to introducing effective means to prevent and control the spread of HIV globally within budgetary constraints."

Health Promotion/Health Education

In pursuit of the effective and efficient ways and means of presenting and controlling the spread of HIV, ASOs have and continue to utilize the concepts and processes of health promotion and health education (Trussler & Marchand, 1993). Green & Kreuter (1991, p. 4) defined "Health Promotion [as] the combination of educational and environmental supports for actions and conditions conducive to health." Therefore this term is used complementary with health education which is "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991, p. 4).

The World Health Organization definition of health promotion is "A process of enabling people to increase control and improve their health" (as recorded in Wardrop, 1993) This definition is one of the "most widely used definitions" (Wardrop, 1993, p. S9). Within Canada, the Health Promotion Directorate of Health and Welfare Canada (which has undergone a name change in 1993 to Health Canada) and the Canadian Public Health Association all use the definition in full or with some slight modifications.

From these definitions, health promotion can be considered a more encompassing initiative that "is holistic, expansive, and inclusive; it places the individual in context, and it emphasizes the need to increase community control over the circumstances that influence people's health" (Health & Welfare, 1993). In other words, health promotion outlines an ecological health framework that works towards health promoting activities (Milio, 1986). Health education, on the other hand, deals with "systematically planned [educational] activities" (Green & Kreuter, 1991, p. 17). In this regard, health promotion refers to the generic knowledge to attitude (societal) linkage whereas health education refers to the specific attitude to behaviour (individual) linkage.

Over the past twenty years, many theories and models have been proposed to explain health knowledge, attitudes and behaviours (Gillies & Carballo, 1990). In context to HIV and AIDS, the Health Belief Model (Bean et al., 1989; Petosa & Wessinger, 1990) has been used in its entirety or modified to the particular study methodology. The Health Belief Model has also been shown to be less than useful for HIV and AIDS issues (Brown, DiClemente, Reynolds, 1991). In terms of its original design and subsequent modifications, the Health Belief Model provided some ideas for the health promotion workbook.

Smith & Lathrop (1993) utilized the PRECEDE-PROCEED model (Green & Kreuter, 1991) to explain HIV and AIDS initiatives under way in their health services organization. According to Green & Kreuter (1991), their model integrates many of the previous theories and models of the past twenty years.

Myers et al., (1993) used the Theory of Planned Behaviour in a Canadian study of gay and bisexual men. This theory "is currently viewed as one of the best efforts for integrating the findings of the past two decades of social psychology research" (Myers et al., 1993, p. 6). Both the PRECEDE-PROCEED model and the Theory of Planned Behaviour Model provided additional ideas for the development of the health promotion workbook as the final product of this practicum.

To this point in the chapter health promotion and health education have been reviewed together. At this juncture more emphasis will be placed on the topic of health promotion. This shift reflects the purpose of the study. However, the change in focus does not preclude the need to understand the role of health education in supporting health promotion initiatives. "Experience over the past decade has shown that by itself, information [of HIV transmission and prevention] is insufficient to change behaviour" (Mann, Tarantola, & Netter, 1992).

Social Marketing

A contributing methodology supporting health promotion strategies is the concepts and processes of social marketing. With its introduction by Kotler & Zaltman (1971) and Zaltman & Vertinsky (1971), social marketing has been associated in some form or another with health promotion (Mintz, 1988; Young, 1989). According to Kotler & Andreason (1991, p. 427):

> Social marketing is the application of generic marketing [that is, creating, building and maintaining exchange (p. 404)] to a specific class of problems where the object of the marketer is to change social behaviour primarily to benefit the target audience and the general society.

Social marketing adapts the traditional concept of marketing a product to customers to marketing a social idea to customers (Kotler & Andreason, 1991). Following the "4P" elements of marketing of price, product, place and promotion (Tanquay, 1988; Mintz & Steele, 1992), social marketing proponents have added at least three more "Ps". They are producer, purchaser, and probing (Fine, 1990).

Young (1989) concluded that social marketing's contribution to health promotion is as a tool, a way of thinking. He makes a comparison between social marketers/health promoters and health educators based on the working assumptions of both. "Health educators start with : If only *they* knew more about *this!* [whereas] Social Marketers/Health Promoters start with: If only *we* knew more about *them*!" (Young, 1989, p. 3).

This form of marketing is used in many diverse situations including volunteer resources management (Shapario, 1992); occupational health and safety (Golaszewski, 1992); and other health problems such as smoking

(Sopfian, 1991). Social marketing's contribution to the HIV and AIDS movement includes promoting condom use and distribution (Wagman, 1993), and safer practices whether sexual or sharing needles (Brown, Waszak & Childers, 1990). In addition, concepts associated with "living with HIV and AIDS" has been promoted to alleviate fear of working with someone who is infected or affected (Canadian AIDS Society, 1990).

Systems Approach

Of particular importance to the successful implementation of a health promotion program is the application of a systems approach. Such an approach ensures the work is methodical and completed according to a plan (Barnsley & Ellis, 1992). Social marketing lends itself to this approach (Tanquay, 1989).

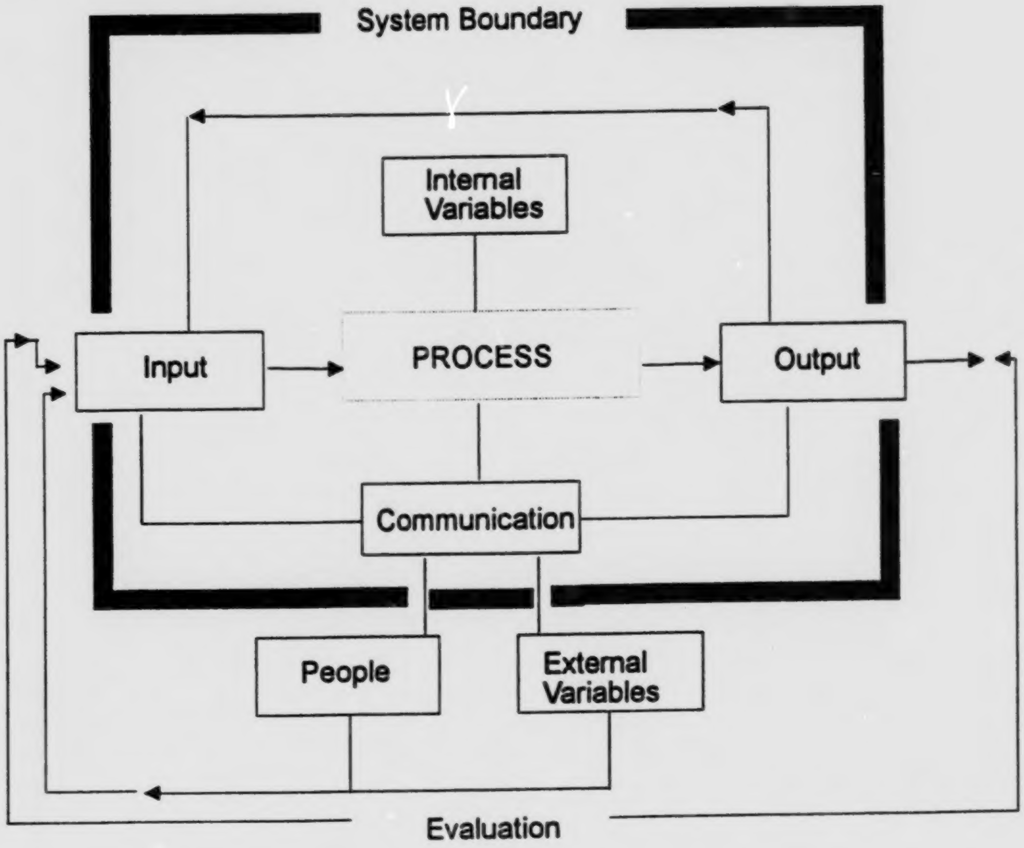
Briefly stated, the systems approach utilizes inputs that are processed to create outputs. This relationship is shown in Figure 1 and explained in Appendix A. The added component of communication ensures that what is done is known. With the overlay of social marketing elements, the systematic social marketing approach is shown in Figure 2. The generic systems approach, with its social marketing overlay, were used in the development of the health promotion workbook.

According to Senge (1990), the systems approach (or the "discipline of systems thinking") contributes to a learning organization designation. For any organization to understand where and what it wants to do in the future, it needs to understand what it has done in the past and what it is doing in the present. The application of systems thinking provides a practice to answer these questions. Utilization of a systematic approach can provide the user (or organization) with a record of the knowledge generated through the development of the message; a consistent format for the comparison of thoughts generated by participants; a process by which to generate thoughts; a way to analyze the information generated; and a way to evaluate the appropriateness of the message.

When applying the social marketing system, it is important that a learning organization involved in health promotion (Health & Welfare, 1992) know what it has done, what it is doing now, and what it intends to do once the health promotion program is started. In other words, the organization needs to adopt an "open systems" rather than a "closed systems" approach (Myers, 1988; Kazemek & Kazemek, 1992) that involves all the players involved in the health promotion program. Past successes or failures in HIV and AIDS health promotion can be attributed to improper systems application (Coyle, Boruch & Turner, 1991; Stintson, 1993).

Figure 1.

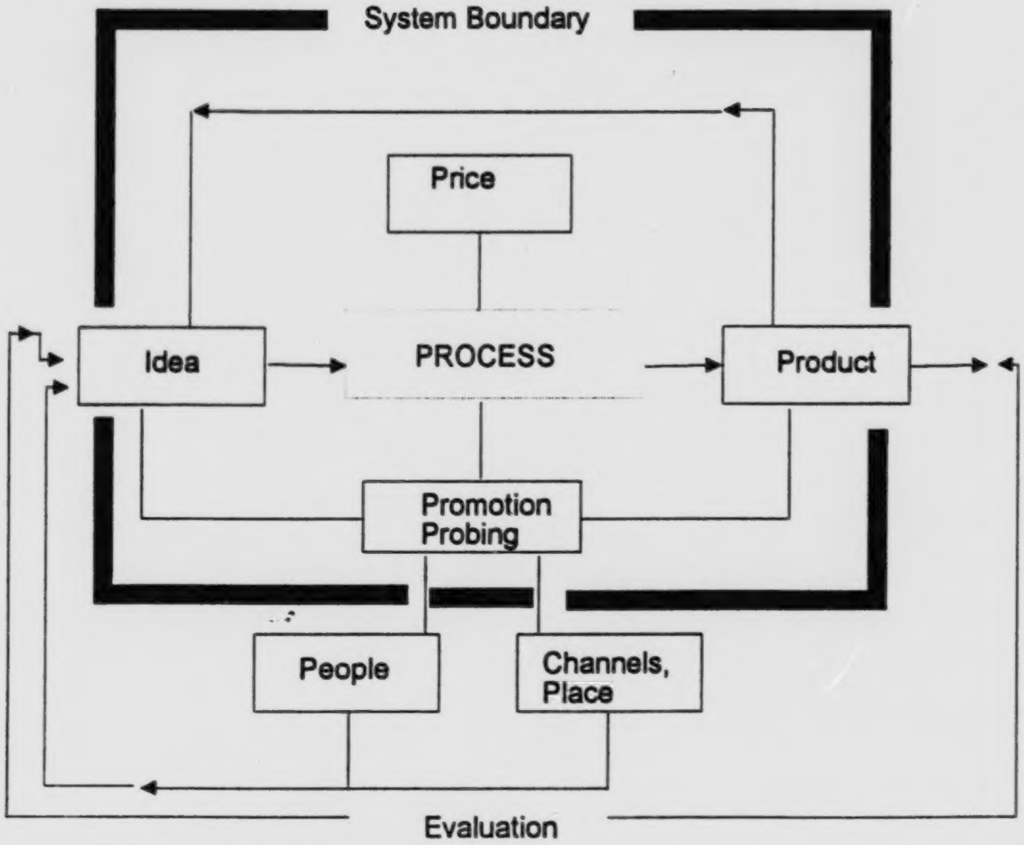
Outline of a Simple Systems Model


System Boundary
Internal Variables
Input
PROCESS
Output
Communication
People
External Variables
Evaluation

Source: Author

Figure 2.

Overlay of Social Marketing Approach on the Systems Model


System Boundary
Price
Idea
PROCESS
Product
Promotion
Probing
People
Channels,
Place
Evaluation

Adaptation of Figure 1 including ideas from Tanquay (1989), Fine (1990) and Mintz & Steele (1992).

Workbook Design and Development

In order to apply the systematic approach to health promotion, a form of documentation or knowledge development (Rootman, 1989) is required. Two broad types of documentation exist. First, computers run knowledge generators and idea simulation software that supports human interaction with the information input. The second form of interaction is hand written manipulation of information through the use of a manual or workbook.

Based on available resources within AIDS Calgary, the workbook format was chosen to guide the health promotion initiatives. Therefore, the characteristics of a "good" workbook are required to construct the manual. Davis, Gray & Halley (1990) and Stoneall (1992) provided insight into the characteristics of a "good" workbook. Hobbs (1993) constructed a Manual Evaluation Instrument (MEI) form integrating curriculum and program planning, and technical writing literature. The MEI was used in the construction of a Workbook Evaluation Instrument.

Ornstein & Hunkins (1988) provided an outline of a generic four part curriculum and program planning model. The four parts are design, development, implementation (or substitute administration) and evaluation. These components are essential in a systematic approach to designing a curriculum, a program or in the case of this study, a health promotion message.

Other manuals and workbooks available on the market use various approaches and interactive formats. Bellingham, Elias & Tager (1993) developed a comprehensive, culture-based approach for their generic health promotion manual. Their view of culture relates to organizational culture. The format of the their manual is non-interactive.

The Ontario Ministry of Health (no date) outlined their systematic approach following a "step analogy". They developed an eleven step format to follow. Again, their manual was non-interactive.

A third workbook format was known to the author after a HIV/AIDS health promotion work assignment in Uganda, Africa. Its interactive format allows the user to fill-in the blanks to HIV and AIDS-related questions in a methodical way. Because this document's source is unknown, the document has been included as Appendix B.

Summary

The literature review for this study considered three topics. First, the social issue of HIV and AIDS was addressed. As a pandemic infecting and affecting more and more people every day, health promotion and health education campaigns are tantamount to the success of eradicating its transmission and dispelling its myths. The second topic reviewed was social marketing. As a way to systematically approach the preparation of health promotion messages, its process and output components can help an organization to understand what it has to do to ensure successful health promotion.

The third topic considered the features for developing a workbook to record and evaluate the health promotion messages. The curriculum and program planning literature provided insight into a Workbook Evaluation Instrument and formats of manuals and workbooks available on the market.

Chapter 3

METHODOLOGY AND PROCEDURES

The study followed a developmental methodology as outlined in Figure 3. The research question was What design criteria should be followed to develop an appropriate and valid health promotion workbook? Critical to the development of the workbook was to integrate the design feature of user interaction. It was important that a person be able to use the workbook to generate ideas, and to record the discussions and results for evaluation purposes.

To compile the manual required the integration of two separate procedures (see Figure 3). The first procedure established the process and content information on health promotion and social marketing to be included in the workbook. The second procedure established the construct characteristics of a "good" workbook. Both procedures required literature reviews and discussions with people knowledgeable in both topics. With regard to the draft and final copies of the workbook, verifications by external and internal reviewers were required. Detailed descriptions of each procedure are outlined below.

Figure 3.

Outline of the Study Methodology

CONTENT: Health Promotion Information	CONSTRUCT: Good Manual Information
• conduct a literature review • request information from health promotion practitioners • request information from organization using health promotion	• conduct a literature review • choose/modify a Workbook Evaluation Instrument • verify the instrument with external reviewers

▼
▼

- decide on format of the workbook according to the "good" manual/workbook elements, and a review of workbooks found during the literature search or made available by health promotion practitioners
- develop the workbook with the health promotion information found during the literature review and made available by experienced health promotion practitioners

▼
▼

- provide the internal and external reviewers with a copy of the Workbook Evaluation Instrument to guide their review of the workbook (for content and construct validity)
- seek final approval by the reviewers
- present the manual to the Management Team of the agency for agency approval

Health Promotion Workbook

The content and process information on health promotion and social marketing were taken from a review of the AIDS education, health promotion and social marketing literature. The key search words were health promotion, social marketing and systems approach.

Additional information was requested from six health promotion practitioners known to AIDS Calgary through public education networks. Three of the practitioners operated external to HIV and AIDS issues and three were directly involved in HIV and AIDS issues. During the consultation, the practitioners confirmed and/or commented on workbooks found during the consultation process and/or the literature review. If practitioners used their own form of a workbook, information as to the possible origins of their workbook, and why and how they used the workbook were collected. The review of workbooks assisted with the format choices for the health promotion workbook developed during this study.

Ten national health organizations identified by the Health Promotion Directorate, Health and Welfare Canada (1992) were sent a letter requesting information on their health promotion process. A copy of the letter and the organizations selected are found in Appendix C.

Workbook Criteria

The construct characteristics of a "good" workbook were taken from the curriculum and program planning literature. A Manual Evaluation Instrument (Hobbs, 1993) developed for evaluating manuals was reviewed to determine its application to evaluating a workbook. Several adaptations were made to rework the instrument to include the user interaction criteria of a workbook. The adaptations resulted in the Workbook Evaluation Instrument (WEI).

The WEI was submitted to two reviewers knowledgeable in manual and workbook design. They were asked to comment on the applicability of the instrument. Their acceptance of the instrument verified the construct validity of the instrument. Their confirmation of the instrument also provided additional criteria for guiding the development of the health promotion workbook.

Integration of Procedures

Combining the content and construct elements described above, resulted in a draft version of the workbook. This workbook was submitted to three health promotion practitioners, all of whom were consulted earlier in the process. These reviewers were given the WEI to guide their validation. Three of the original six practitioners were unable to continue with the study due to their work commitments.

In addition to the practitioners, two Education Services staff and three volunteers involved with health promotion and health education working groups within Education Services were asked to review the workbook. The Executive Director of the agency was given a copy to provide comments as well.

As a result of the first evaluation, revisions were made and a second evaluation was conducted with the same external and internal reviewers. From the results of this second evaluation, revisions were made. Three additional external reviewers who had health promotion and/or marketing experience were asked to review the document confirm its usability and readability. The additional reviewers confirmed the external validity of the workbook. More importantly, their comments verified the content and construct validity of the workbook.

From the results of all validations, the necessary revisions were made. A final copy was prepared for submission to the Management Team. This group provided management approval for the workbook on behalf of the agency.

Assumptions

Three assumptions were made in order that the study proceed.

First, the health promotion workbooks found during the literature review, and after consultation with practitioners, were field tested. That is, the practitioners who provided written and/or verbal feedback confirmed the applied usefulness of the workbook.

Second, the six external practitioners who reviewed the product of the study were able to make a correct assessment of the document produced. Likewise, the internal reviewers from within AIDS Calgary provided a correct assessment. In the case of weighting of opinion, more emphasis was placed on the external practitioners who provided external validity for the study.

A third assumption dealt with the WEI. After consultation with experts in workbook design, their comments confirmed the usefulness of the WEI for the study. Therefore, the instrument was thought to be valid and reliable.

Limitations

Two limitations existed with regard to the study. First, the message developed through the use of the workbook may or may not be the correct message for the target audience chosen. However, errors in the output of the workbook process does not mean there is fault with the process itself. Possibly the inputs into the workbook and/or the decisions making used in the creation of the message are faulty. Therefore, some variation in the intended use and the actual use can be attributed to a number of variables internal and external to the system outlined in the workbook.

The second limitation considers the perceived time required to develop a health message through such a workbook. Because of the detail to be considered in the development of the message, some staff and volunteers may see unnecessary time be given to thinking rather than practising. However, it is anticipated that with the use of the systematic approach to health promotion, the messages will be correct the first time and thus require little, if no revision.

Definitions

In this study, a workbook for designing and developing HIV and AIDS health promotion messages is defined as an user friendly, interactive document used to outline the process for creating preventive health messages for a target group. Health promotion refers to "the combination of educational and environmental supports for actions and conditions of living conducive to health" (Green & Kreuter, 1991, p. 4). Health education refers to "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991, p. 17). Social marketing refers to a contributing process to health promotion where effecting a social behaviour in society is the object of the marketing discussions.

Chapter 4

RESULTS

The product result for this study was a health promotion workbook. With the identification of "good" workbook criteria, health promotion and social marketing concepts found during the literature review and after consultations with health promotion and/or social marketing practitioners were integrated. The information helped formulate the systematic approach outlined in the health promotion workbook. Therefore, the two procedures outlined in Chapter 3 became interdependent.

Workbook Evaluation Instrument

The Workbook Evaluation Instrument (WEI) maintains many of the characteristics of its counterpart the Manual Evaluation Instrument (Hobbs, 1993). Adjustments were made to the Manual Evaluation Instrument to account for the interactive nature of the workbook format. The WEI was verified by two external reviewers. The first evaluator works as an entrepreneur in curriculum design and program development. This evaluator has considerable practical experience in writing and using manuals. The second evaluator works in a technical college in Calgary. As head of the Medical Sciences Department, this evaluator has many opportunities to read and approve many manuals and workbooks. Both reviewers provided comments that help reformat the instrument. A copy of the Workbook Evaluation Instrument appears in Appendix D.

Preparation of the Workbook

In the construction of the workbook it was important that the document be user friendly. The workbook format serves as generator (theoretical questions) and recorder (practical responses) of the information derived through the design, development, administration and evaluation stages of the workbook's application. Therefore, its construction had to provide sufficient room to achieve both purposes. Other relevant characteristics for the workbook were taken from the WEI that was used by the reviewers to determine the construct and content validity of the workbook.

The intended users of the workbook included volunteers who had limited, if not, no experience in health promotion and social marketing. Therefore, it was important that the workbook be clear and concise in its readability, and simple in its usability.

With the decision to use an interactive workbook format, it was helpful to review other workbooks and manuals found during the literature review; sent by three national organizations involved with health promotion; and identified by health promotion practitioners. From a combination of all sources, several hints as to the process within the workbook were obtained.

One noteworthy idea identified during the document review was the single topic - single page concept. This concept in combination with a bold pagination format provided the directional flow for the workbook. One manual included a figure at the beginning of each step to highlight the position of the workbook page in view of the overall process. Each manual and workbook reviewed varied in the amount of interactivity with the documentation. However, the suggestions by practitioners, and after review of those documents identified to be most helpful, it was decided to use the fill in the blank-box format for the health promotion workbook.

With these design features in mind, each page of the workbook outlined one concept to work with and through. For the most part, the left hand page contained reference notes and suggested prompt questions to explain that component of the workbook. The right hand page was given to record the ideas stimulated by the left hand page. It is possible with some adjustments to switch the left and right hand pages to accommodate a left handed writer.

With regard to picture references, on the bottom of the right hand page a statement was made as to the placement of the work page in context to the entire manual. This statement provided the user with a reference as to where in the overall process the user was located.

The generic four part curriculum and program planning model outlined by Ornstein & Hunkins (1988) provided the section headings for the workbook. The systems approach associated with the social marketing provided ideas for the component headings for each of the sections. The section headings and components headings are found in Figure 4. Additional component headings were suggested after consideration of the World Health Organization model (Wardrop, 1993) and the PRECEDE-PROCEED model (Green & Kreuter, 1991).

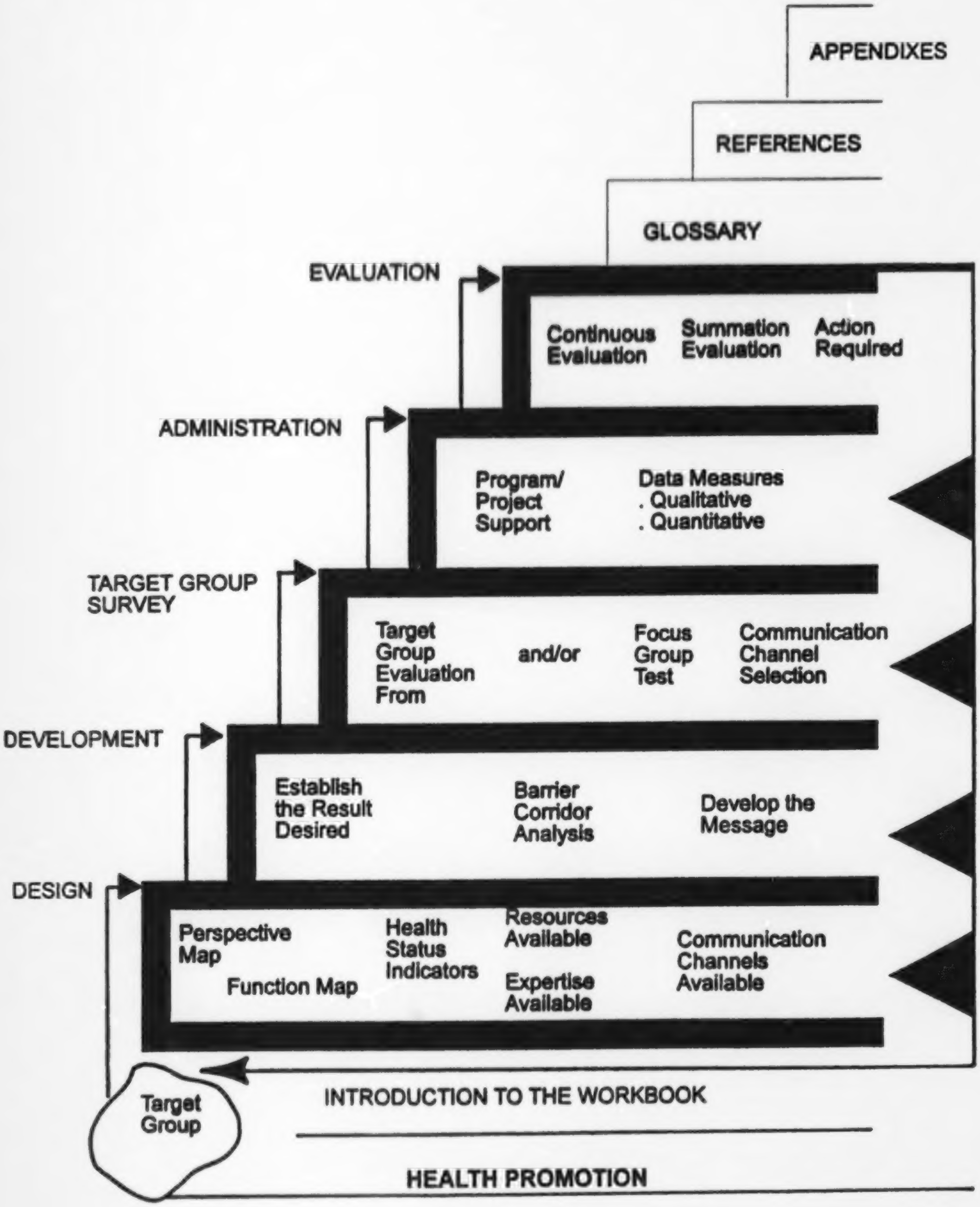
The workbook found in Appendix B provided useful ideas as to the lay out of the workbook. Its interactive, fill-in the blank design allows the user to record ideas. This workbook supports the concept of social marketing described in Kotler & Zaltman's (1971) model as discussed further by Tanquay (1988). The decision to use the fill-in the blank-box format was confirmed through the review of this resource material.

Health Promotion Content

The literature review and consultations with health promotion practitioners provide ideas pertinent to the specific content of each section

Figure 4.

Guide Map: Outlining Section and Component Headings for the Workbook


APPENDIXES
REFERENCES
GLOSSARY
EVALUATION
Continuous Evaluation
Summation Evaluation
Action Required
ADMINISTRATION
Program/ Project Support
Data Measures
. Qualitative
. Quantitative
TARGET GROUP SURVEY
Target Group Evaluation From
and/or
Focus Group Test
Communication Channel Selection
DEVELOPMENT
Establish the Result Desired
Barrier Corridor Analysis
Develop the Message
DESIGN
Perspective Map
Function Map
Health Status Indicators
Resources Available
Expertise Available
Communication Channels Available
Target Group
INTRODUCTION TO THE WORKBOOK
HEALTH PROMOTION

of the workbook. According to three of six practitioners consulted, the PRECEDE-PROCEED model was the preferred choice to guide their activities.

The workbook in Appendix B provided content for each of the section components as well. Additional words and concepts found within the workbook were designed by the author. For the past several years, the author has been developing a learning framework for organizations. This framework was used in part to guide the content selection and the organization thereof.

As will be reported later, some reviewers had trouble with the use of language. Their comments were directed at words used within the design phase of the workbook. In an effort to clear up these differences in words, a declarative statement was placed in the final product acknowledging the use of the author's original framework. Then every effort was made to explain terms that were identified as confusing.

The literature review identified social marketing concepts that were integrated into the sections of the workbook. A full description of the social marketing "7Ps" were included in the administration section. Because the workbook does not describe the entire implementation of a health promotion program, it was decided to acknowledge the "7Ps" in a way that suggested the user investigate this section further on their own.

Evaluator Review

The workbook itself, once compiled, was reviewed by three groups of people. They were the Internal Workbook Working Group (staff and volunteers at AIDS Calgary); and two groups of external reviewers who had health promotion experience and/or workbook development experience. The results of the internal review are found in Table 1 and the external reviews are found in Table 2 and 3. Commentary pertinent to the tables is explained in the following text.

The Internal Workbook Working Group, was made up of two staff and three volunteers involved in the Education Services Department of the agency and the Executive Director. The working group members became the FORMATIVE reviewers for the study. From the inception of the workbook construction, these reviewers were presented with preliminary drawings and excerpts from the workbook. As the document became more complete, the group was given the WEI (Appendix D) and the first draft copy of the manual. With their first reading of the workbook, several minor adjustments were made to clear up language and sentence structure mistakes (see Table 1). Because two reviewers felt the numbering system was cumbersome, they reserved final judgement until validation by the external reviewers.

At the same time the staff and volunteers read the first draft, three external reviewers involved from the beginning of the study were given the WEI and a draft copy. The reviewers represented North West Territories Health Promotion Practitioner (HIV and AIDS part of the practitioner's portfolio); Health and Welfare Canada, Health Promotion Practitioner (portfolio specific to HIV and AIDS); and Real Estate Board Marketing Coordinator whose job responsibilities include workplace health promotion. The reviewers provided SUMMATION comments that are summarized in Table 2.

Of particular importance to the external review was the consistent acknowledgement of the user friendly characteristic of the workbook. As one evaluator mentioned "Good mix between theory and practice . . . appears solid. However, the proof is in the use."

The reviewers suggested minor adjustments to langauge and sentence structure. One evaluator mentioned confusion in the use of some of the descriptor words. In discussion with this evaluator, clarification was provided in the identification of the original work of the author within the development of the workbook. To reduce confusion for subsequent users it was suggested that a declarative statement about the author's original

Table 1.

Validation by Internal Reviewers

Workbook Element	Yes	No	Comment Code
	$n = 6$		
Introduction	6	0	
Table of Contents	5	1	A
Overall Structure	6	0	
Numbering	4	2	B
Readability	4	2	B
Content	6	0	

Comment explanations:

A) one person suggested it may be complicated

B) two suggested the numbering may be complicated and thus affects the readability of the workbook

Recommended Changes: possible use of simpler numbering system
Recommended Additions: none
Recommended Deletions: none

Comments: - agreed the workbook can be given to external reviewers for comment

Table 2.

Validation by External Reviewers, Group 1

Workbook Element	Yes	No	Comment Code
		$\underline{n} = 3$	
Introduction	3	0	
Table of Contents	1	2	A
Overall Structure	1	2	B
Numbering	1	2	C
Readability	1	2	C, D
Content	1	2	E

Comment explanations:

A) requires some simplification, as
B) numbering system is complicated
C) simplify number system
D) confusion in the use of the fold out pages because of the description given, need for additional space
E) confusion in the use of some words . . . Perspective and Function Map

Table 2 continued on next page

Table 2 (Cont.)

Recommended Changes:	use of simpler numbering system, revisit the use of words used in the workbook
Recommended Additions:	none
Recommended Deletions:	the complicated numbering system
Comments:	- agreed the workbook can be given to second review group for comment with above mentioned changes

work be placed in the workbook.

In all cases, comments were made about the pagination format. It was suggested to simplify the coded format even though it was somewhat helpful in placing the individual page in context to the overall workbook process. The coded format was seen as cumbersome. Other suggestions as to amount of space for recording information were dealt with by acknowledging the addition of extra pages at the conclusion of the workbook that could be photocopied and inserted where required. From the comments of the staff, volunteers and external reviewers a second draft was prepared and distributed to the same reviewers. Again minor changes were suggested and incorporated. These reviewers signed the WEI to signify the workbook was ready for use.

To ensure the content and construct validity of the workbook, a second group of external reviewers were sent a second draft copy of the workbook with the WEI. Their comments are outlined in Table 3. The second group of reviewers consisted of representatives from two different entrepreneurial organizations involved in health promotion and social marketing and a third evaluator from a non-profit who had experience in communications including health promotion and fund development.

The three reviewers agreed the workbook was usable. However, one evaluator suggested that the importance of matching the health promotion message with the target group discussion be expanded. Other minor grammatical and sentence adjustments were suggested and corrected. They also signed the WEI validating the workbook.

Final Review

With the final adjustments made to the workbook, it was presented to the Management Team of the agency. As the group responsible for the overall management of the agency it was important to obtain their approval of the document. Because they represent the different units in the organization, the managers' approval would make it easier to discuss the transferability of the workbook to other departments. In its presented form, the Management Team approved the workbook.

Table 3.

Validation by External Reviewers, Group 2

Workbook Element	Yes	No	Comment Code
		n = 3	
Introduction	3	0	
Table of Contents	3	0	
Overall Structure	3	0	A
Numbering	3	0	
Readability	3	0	
Content	3	0	B

Comment explanations:	A)	consider placement of picture at the beginning of each new section re: Guide Map of the workbook
	B)	expand on the importance of matching promotion message to target group

Recommended Changes: as above
Recommended Additions: none
Recommended Deletions: none

Comments:
- very thorough cross-checking methods and means of evaluating both the process and progress of the program
- agreed the workbook needs to be tested for usefulness

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

The health promotion workbook that is the practicum product for this development study resulted from the accumulated thoughts taken from numerous sources. The AIDS related literature provided content information on the application of health promotion and social marketing. Six health promotion practitioners and three national organizations involved in health promotion provided their views and suggested workbook models for stimulating both content and construct ideas for the product of this study. Additional ideas for the construct of the workbook were taken from curriculum and program planning literature.

In consultation with an internal working group of staff and volunteers of AIDS Calgary, many drafts of the workbook were developed and reviewed. Through this FORMATIVE development of the product, many ideas were suggested, agreed upon, and used. An equal proportion of ideas were discarded including the computerization of the product.

From the beginning of the study, six health promotion practitioners were involved in providing ideas. Of this group, three were able to continue with the first and second reviews of the workbook. A second group of reviewers were asked to validate the second draft of the product. This second group verified the findings of the volunteers and staff, and the first group of external reviewers. The Management Team of AIDS Calgary provided management approval for the workbook

Conclusions

The formative process used in the development of the workbook was determined to be a useful way to engage staff and volunteers in the development of products like the workbook. Their review of resource material and subsequent articulation of their thoughts helped in their learning about the subject. Their involvement allowed them input into something that will affect them later.

According to all reviewers involved with the study, they agreed the workbook was ready for use. Based on their suggestions at various stages of their involvement, the content and construct elements of the workbook were refined till the content was complete and the construct satisfactory. However, there were some cautionary comments. In an attempt to combine the best of all concepts found during the literature review and obtained from consultations, the final document may be cumbersome in its eventual use. The only way to know if this observation was valid, is to use the workbook, and carry out a product and process evaluation of the product.

The reviewers thought the workbook supports the development of health messages for a health promotion program. The messages gleamed from the use of the workbook will benefit, not only the health promotion program of AIDS Calgary, but also other programs offered by other AIDS Service Organizations working in partnership with AIDS Calgary. These secondary outputs include understanding how the health promotion workbook operates as a knowledge generator and record keeping tool, and how its generic format can be transferred to other departments within the organization or elsewhere.

The primary user for the workbook were volunteers and staff involved in health promotion and health education programs within AIDS Calgary. Therefore, care was taken to ensure the workbook was clear and concise, and the design was simple and usable. After numerous drafts and reviews by the external reviewers, agreement was reached that the workbook was usable.

Implications

Involvement of the staff and volunteers from the beginning of a development project provides for their personal development. By actively understanding the development methodology used for the workbook and based on their review of resource material, they have accessed information they may otherwise have missed. The ownership level for the ideas expressed in the workbook and its implied use are strengthen by involvement of staff and volunteers.

The book provides for a systematic approach for staff and volunteers to work on the development of health messages. Sharing a similar approach can help with discussions on the strengths and weaknesses of the message developed. However, it is important to remember that the use of the workbook does not guarantee that the message developed will be acceptable to the target audiences. Therefore, evaluation research will be required to ensure the appropriateness of the message at a later time.

For practitioners who involved themselves in this study, it is possible that the workbook could be modified for their environment. If so, the transferability of the product adds to the validity and reliability of the study.

One of the limitations of the study was the perceived cumbersome nature of the workbook. The external reviewers also commented on this point. This implication will be known with the application of the book.

With the involvement of another organization to test the transferability of the workbook, it is essential that the organization have a working knowledge of health promotion concepts. The workbook, in and of itself, is not a compendium of health promotion concepts nor a complete health promotion systems outline. It is one approach to stimulate discussion, and thereafter, record the ideas.

In the use of the manual, it was suggested that facilitator support be given to staff and volunteers within AIDS Calgary until such time as final revisions are made. The same facilitation support was suggested for another organization willing to verify the transferability of the workbook to another situation and/or context.

Recommendations for the Improvement of Practice

What has become increasingly clear as the study progressed was the need for a trial run to test the practical usefulness of the workbook. Therefore, it is recommended that the workbook be tested. This situation will require the application of an appropriate evaluation methodology to ensure construct and content of the workbook.

To ensure the proper application of the workbook, it will be helpful to have facilitator support. Any one of the Internal Working Group who provided formative support could undertake this role. Their willingness to share the how and why with another group provides continuity for use of the workbook. Their involvement will also help with the identification of revisions of the workbook. It is recommended that the first full trial run be facilitator supported.

To add to the external validity of this product, it is recommended that the workbook be given to another organization to use. Such a request has been made by one of the first group of reviewers. With their operational evaluation of the workbook, a greater degree of certainty is obtained in the transferability of the workbook. This external use of the workbook will verify the content and construct of the workbook.

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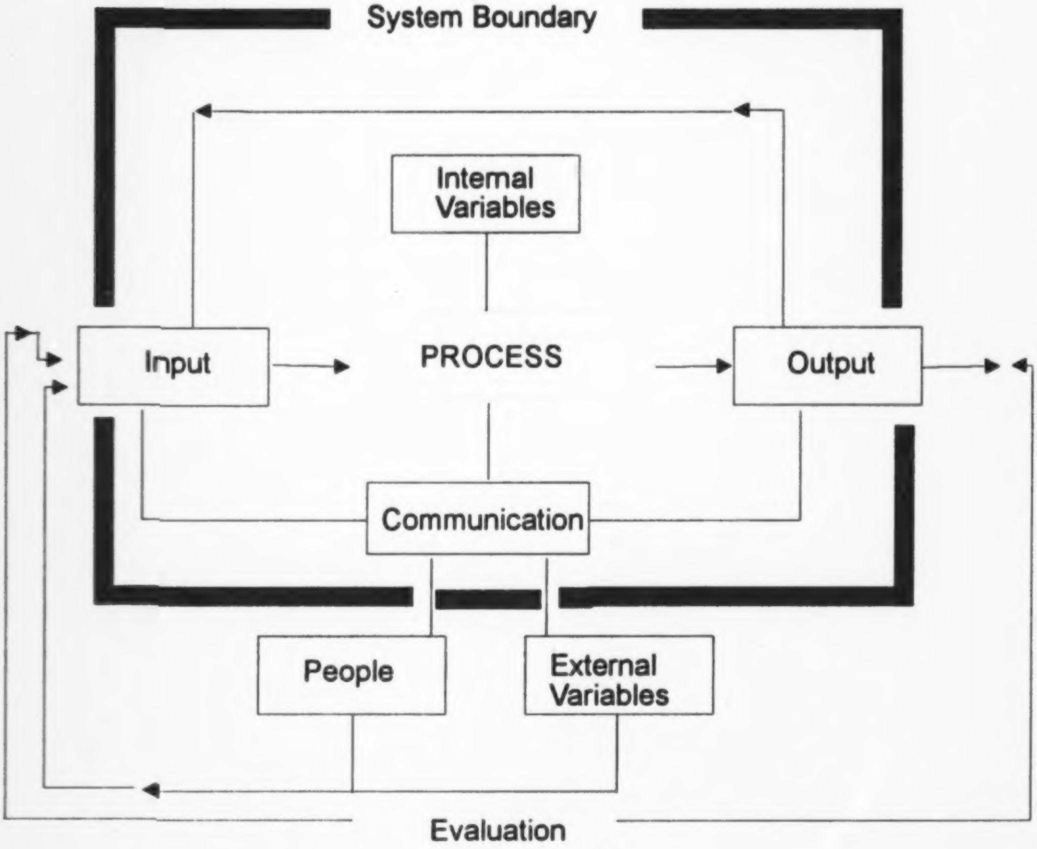
APPENDIXES

Appendix A

Explanation of the Simple Systems Model


System Boundary
Internal Variables
Input
PROCESS
Output
Communication
People
External Variables
Evaluation

Explanation

In this figure, a system basically requires inputs (material, people, finances, ideas, etc.) which are put through a process (as defined by the functions of management, administration, etc.) that results in outputs (task completion, objective completion, increased knowledge, satisfied customers). For the system to continue in an open format, some of the outputs return as inputs

. . . so as to "reenergize" the system. For example, when ideas are placed in the system, the resulting output ideas confirm, improve or delete the original ideas. Then the new ideas return as inputs, to start over again.

In addition to the above components, communication to and from the system as defined by the systems boundary is required. For the processing to happen, information must be shared with the internal customers and external customers. The system has a boundary so as to define the parameters of influence of the system.

An important component of the system are people. They include the internal and external customers mentioned already. Therefore, people are inputs who do the process and who need to understand the outputs. As a result it is the communication map that provides the vital link between the input/output considerations of the people and what the people need to know about the outcome of the process as a whole.

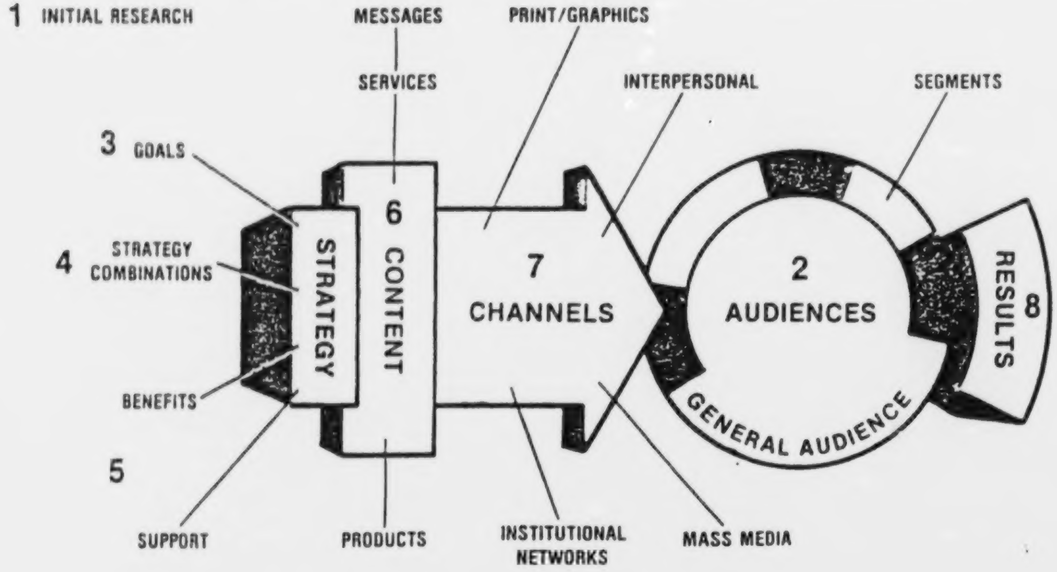
Internal and external to the system are variables that affect the process itself and the system as a whole. For example, an internal variable are the policies and procedures that guide the work within the system. An external variable, is the collective support for the system as expressed by government regulations that allow the for the system to work as it is intended.

This explanation of the terms can be applied to all systems used in an organization. It is a matter of understanding the multi dimensional tic-tac-toe game (evaluation) created by the interaction many systems and their processes. For example the interaction between the financial resources system and the volunteer resources system of a non-profit organization.

Source: Author

HEALTH PROMOTION MODEL

The eight planning steps described in the following exhibits are depicted below as they fit into the Health Promotion Model. The steps have been listed according to the order in which they are most often considered for planning purposes. Note that in the model, audiences appear at the point where they receive the results of all the planning and implementation decisions; yet, in the planning process itself, selection of audiences must occur much earlier.


1 INITIAL RESEARCH
MESSAGES
PRINT/GRAPHICS
SERVICES
INTERPERSONAL
SEGMENTS
3 GOALS
4 STRATEGY COMBINATIONS
BENEFITS
5
SUPPORT
STRATEGY
6 CONTENT
7 CHANNELS
2 AUDIENCES
8 RESULTS
GENERAL AUDIENCE
PRODUCTS
INSTITUTIONAL NETWORKS
MASS MEDIA

Appendix B

Health Promotion Model (Source: Uganda Work Experience)

STEP 1

SUMMARIZING AVAILABLE DATA

Use the form below to summarize the available data. Where data are either nonexistent or weak, indicate this on the form. It is unnecessary to have excellent data on every variable before proceeding to plan, but identifying holes in data is important to long-range success and future research planning.

HIV PREVALENCE

Total No. of Cases ____________

Estimate No. of HIV Infected ______

Geographic Location ____________

____

Suspected Transmission Routes

Sexual ____________%

Blood ____________%

IV Drug____________%

Injections/Skin Piercing

Instruments ____________%

Perinatal ____________%

Characteristics of those Infected

Heterosexual M __% W__%

Gay/Bisexual ____________%

Children ____________%

IV Drug Users ____________%

AIDS PUBLIC IMAGE

% of Population that is:

Unaware of AIDS ________%

Fear/Denial Reaction ______%

Myth or Stereotype ________%

Practicing Prevention ______%

Common Myths Include

____

____

SERVICES / PRODUCTS

% of Population w/Access to:

HIV Test ____________%

AIDS Counseling ____________%

Treatment Services ____________%

Condoms ____________%

Blood Supply Test ____________%

INTERPERSONAL NETWORKS

Programs which are:

- Gov. Ministries ____________

  ____

- High-Risk Behavior Organizations

  ____

- Private Business ____________

  ____

- Nonprofit Voluntary Institution

  ____

- Traditional Organization

  ____

What Has Worked In The Past. List any programs or ideas which have been successful in the past five years in changing peoples behavior. ____________

____

____

COMMUNICATION INFRASTRUCTURE

% of individuals who view, listen, or read the following daily:

Radio ______% Other Channels

TV ______% ____________

Newspaper __ % ____________

Magazine ___% ____________

ANTICIPATED OBSTACLES

List the primary obstacles you anticipate:

Political ____________

____

____

____

Economic ____________

____

____

____

Social ____________

____

____

____

____

____

STEP 2
SELECTING AUDIENCE SEGMENTS

Review the text below and select the audience groups most essential to program success.

	PRIMARY AUDIENCES
	THE GENERAL PUBLIC
WHO ARE MOST LIKELY TRANSMITTERS? ←	BEHAVIOR GROUPS ☐ Heterosexual Sexually Active ☐ Homosexual Sexually Active ☐ Skin-Piercing Agents ☐ Hemophiliacs ☐ Blood-Infected Recipients ☐ IV Drug Users
WHO IS MOST AFFECTED? ←	CLASSIFICATION GROUPS ☐ Race/Ethnicity ☐ Gender ☐ Sexual Orientation
WHICH IS MOST IMPORTANT TO REACH? ←	PLACE GROUPS ☐ School ☐ Workplace ☐ Jail ☐ Community ☐ Military

SECONDARY AUDIENCES

INFLUENTIALS:

Who influences your Primary Audience the most?

☐ Sexual Partners
☐ Family
☐ Models

HEALTH-CARE PROVIDERS.

Which providers need the most support at this moment?

☐ Physicians
☐ Nurses
☐ Primary Health-Care Workers
☐ Auxiliary Health Professionals
☐ Dentists
☐ Traditional Healers
☐ Counselors

TERTIARY AUDIENCES:

Where are you most likely to receive immediate help?

☐ Governmental Authorities

☐ Funding Sources

☐ Public Figures

STEP 3

WRITING BEHAVIORAL OBJECTIVES

1. Consider which of the general goal areas below you wish to include.
2. Select the topic under each goal area you want to address.
3. Use the format below to translate each goal topic into a specific behavioral objective.

GOAL CATEGORIES

GENERAL EDUCATION

☐ HIV-ARC-AIDS
☐ Symptoms and Dangers
☐ High-Risk Behavior
☐ Common Myths
☐ Means of Protection
☐ Referral Advice

RISK-REDUCTION SUPPORT

☐ Behavioral Modeling and Practice of Prevention Behavior
☐ Condom Use / Availability
☐ Peer Group Support Session for Safe Sex

PROGRAM FUNDING AND SUPPORT

☐ Prevalence-Actual / Potential
☐ Range of Threats
☐ Action Alternatives

SERVICE DELIVERY SUPPORT

☐ Training for Care and Counseling
☐ Support Materials for Service Delivery
☐ Publicity for Service Delivery

EXAMPLE A

1. Whom do you wish to change their behavior (who is the Audience)?
Prostitutes in Capital City Brothels.

2. What do you believe that audience is doing now?
Having sexual intercourse with multiple partners without using a condom.

3. How would you like them to change what they are doing now?
To carry a condom on their person at all times.

4. How much of a change do you expect to produce? (How many people and/or how great a change)
60% of prostitutes to carry a condom 80% of the time.

5. How long do you expect the desired change to take?
One year.

Behavioral Objectives:
Within one year of the program's initiation, 60% of the prostitutes in the capital city's brothels will have a condom on their person at least 80% of the time.

BEHAVIORAL OBJECTIVE FORMAT

1. Whom do you wish to change their behavior (who is the Audience)?
______
______

2. What do you believe that audience is doing now?
______
______

3. How would you like them to change what they are doing now?
______
______

4. How much of a change do you expect to produce? (How many people and/or how great a change)
______
______

5. How long do you expect the desired change to take?
______
______

Behavioral Objectives:
Within one year of the program's initiation, 60% of the prostitutes in the capital city's brothels will have a condom on their person at least 80% of the time.

STEP 4

SELECTING STRATEGIC COMBINATIONS

Check which combination of strategies you think is best to achieve the behavioral goals established. Often you may want to review several goals, before selecting a combination of strategies.

STRATEGY OPTIONS

- ☐ NATIONAL INFORMATION CAMPAIGN
- ☐ PRESS INFORMATION PROGRAM
- ☐ HIGH-RISK BEHAVIOR PROGRAM
- ☐ INTERPERSONAL NETWORK PROGRAM
- ☐ PRODUCT PROMOTION STRATEGY
- ☐ SERVICE DELIVERY SUPPORT

(See following page for description of each)

SAMPLE STRATEGY COMBINATIONS

	A	B	C
HIV Prevalence	Heterosexual	Gay, Bisexual Blood Supply	Low
AIDS/Public Image	Fear Myths Widespread	Gay Stereotyping Denial	Foreign Problem
Services/ Products	Limited Low Condom Availability	No Referral System Condom Availability Modest	None Available
Interpersonal Networks	Community Based	High Risk Behavior Institutional	Community Based
Communications Infrastructure	Radio Predominate	Radio-TV, Press	Radio-Press
Obstacles	Politically Sensitive Low Resources	Stereotyping Blood Supply	Low Problem Recognition
STRATEGY COMBINATION	Condoms National Campaign/Promotion Press Information Service Delivery	High Risk Behavior Nat. Camp./Risks/Myths Condom Promotion Press Information	Press Information National Camp./Threat Institution Building

ACTIVATE INTERPERSONAL NETWORKS

Combining Strategies Works Best. Most national programs will have a variety of objectives to achieve:

- Alert the general public.
- Make condoms more available and more acceptable.
- Raise funds and public support.
- Address high-risk behaviors.

A single strategy will not meet all of these goals. Combining strategies is not only feasible but also essential to success in many cases. The specific combination depends upon the program's needs.

Three hypothetical country models follow to help illustrate how strategies might be combined:

Country A -	High heterosexual incidence of AIDS, little public information to date, poor communication infrastructure, political resistance to a full-scale program, condom availability very low.
Country B -	High incidence among gay/bisexual men but transforming into heterosexual problem. Public stereotyping and myths about AIDS are widespread. Moderate but inadequate condom availability. Excellent communication infrastructure. Political support for program is high.
Country C -	Very few cases of AIDS. Not perceived as a problem by health officials or the public. Modest communication infrastructure. Political apathy and limited financial resources.

In the matrix below, are different strategic combinations appropriate to each case. Combinations address short-term needs in each country scenario. Obviously this is to demonstrate the type of combinations and decisions the NAC will need to make for its own program.

Strategies for Country A

Stress the urgency of the problem and the need to focus on condoms as a means of reducing transmission. Public education should focus on transmission and the ability to stop AIDS "if we work together." A service delivery component is critical to meet the large number of cases. A press information campaign would support the national information campaign. Focus on how to increase the availability of condoms.

Strategies for Country B

First priority might be a High-Risk Behavior and Interpersonal Network Strategy aimed at those now infected. The message, however, should not emphasize high-risk groups but rather behavior which can be everybody's problem.

Emphasize the facts and deflate the myths. Product marketing of condoms should proceed to meet the expected demand. A press information program is needed to ensure that myths are dispelled.

Strategies for Country C

The first priority might be a press information program to avoid myths and rumors. Second, an information campaign might focus on "AIDS: The Basic Facts" and that "Everyone is at Risk." Finally, activate interpersonal networks -- particularly schools, churches, social clubs to gain support for program and to avoid stereotyping.

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STEP 5

BENEFIT-SUPPORT STRATEGY

Select the type of benefit and support you believe would be most compelling for each audience segment and behavioral objective.

Behavioral Objective ______________________________

____

Audience Segment ______________________________

BENEFITS

FEAR

☐ Avoid Death
☐ Everyone is at risk
☐ Others:
____
____
____

LOVE

☐ Take Care Of
☐ Protect your partner
☐ Protect your children
☐ Others:
____
____

EMULATION

☐ Because your role model does it
☐ Possible role models include:
____
____
____

PLEASURE

☐ It is as satisfying
☐ It feels better
☐ It makes you more at ease
☐ Others:
____
____

POWER / STATUS

☐ Be in charge
☐ Beat AIDS
☐ Be "in" /Everyone is doing it.
☐ Others:
____
____
____

SUPPORT

MEDICAL FACTS

☐ Studies
☐ Size of Problem
☐ Transmission Risks

PEER SUPPORT

☐ Testimonials
☐ Dramatization of Personal Loss

ROLE MODELS

☐ Medical Figures
☐ Sports
☐ Arts
☐ Entertainment

ANECDOTES

☐ "Of People Like You"
☐ Others: ______________________________
____
____
____

STEP 6

SELECTING MESSAGES, SERVICES & PRODUCTS

Considering the particular objective, audience segment and strategy you've selected - check all the messages, services and products necessary to accomplish that objective, and review their availability.
Use a separate page to analyze each objective and only check those appropriate to one objective at a time.

Behavioral Objective ____
____

Audience Segment ______________________
Strategy ______________________

AVAILABILITY: H = High
L = Low

MESSAGES

AIDS. THE FACTS

- ☐ HIV ARC AIDS
- ☐ Symptoms/Dangers
- ☐ Transmission
- ☐ High Risk Behavior

MYTHS

- ☐ Transmission
- ☐ Symptoms
- ☐ Who's at risk

REFERRAL

- ☐ Information
- ☐ Testing
- ☐ Treatment
- ☐ Counseling

PSYCHO-SOCIAL CHANGE

- ☐ AIDS is a threat to all
- ☐ AIDS can be prevented
- ☐ You can prevent AIDS
- ☐ AIDS prevention can be fun
- ☐ You can get support to change

PROTECTION

- ☐ Reduce # of partners
- ☐ Use condoms
- ☐ Don't use recreation drugs
- ☐ Don't share needles

SERVICE DELIVERY

- ☐ Transmission Myths
- ☐ Patient Psychology
- ☐ Counseling Techniques
- ☐ Testing Counseling

SERVICES

INFORMATION

- ☐ Transport Systems
- ☐ New Information Centers
- ☐ Information Booths at Existing Centers
- ☐ Panel & Speakers Bureau
- ☐ Press Column/Liaison Personals
- ☐ Call Line

BEHAVIOR CHANGE

- ☐ Condom Desensitization Groups
- ☐ Role Play Groups
- ☐ Cues
- ☐ Sex Talk Workshop

SERVICE DELIVERY

- ☐ Treatment
- ☐ Testing
- ☐ Counseling
- ☐ Publicity

PRODUCTS

☐ **CONDOMS**

PRODUCT CHARACTERISTICS

What is happening now?

- ☐ Spermicide
- ☐ Color
- ☐ Lubrication
- ☐ Configuration
- ☐ Increased Safety
- ☐ Satisfying
- ☐ Satisfying + Effective
- ☐ Satisfying + Ease of use

PLACE - DISTRIBUTION

- ☐ Traditional
- ☐ Nontraditional
- ☐ Detailing
- ☐ Distribution
- ☐ POP Materials

PRICE

- ☐ For Different Consumers
- ☐ Maximize Sales

PROMOTION

- ☐ Protection
- ☐ Satisfying
- ☐ Modeling
- ☐ Restrictions ______ ______
- ☐ Advertising ______ ______
- ☐ Sampling ______ ______

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STEP 7

SELECTING CHANNELS

Working with professionals familiar with channels in your country, take each of the message, service and/or products you've chosen and match them to more of the channels listed below.

Message ________________________________

Service ________________________________

Product ________________________________

INSTITUTIONAL

HEALTH CARE SYSTEM

- ☐ Public
- ☐ Private
- ☐ Nontraditional/Folk

VOLUNTEER ORGANIZATIONS

- ☐ Clubs
- ☐ Associations
- ☐ Family Planning Groups

SCHOOLS

- ☐ Teacher
- ☐ Parents
- ☐ Students

☐ **ADVOCACY PEER GROUPS**

☐ **SPORTS**

☐ **ENTERTAINMENT INDUSTRY**

INTERPERSONAL

HEALTH PROVIDERS

- ☐ Physician
- ☐ Nurses
- ☐ All Staff

☐ **FAMILY**

☐ **SEXUAL PARTNERS**

☐ **PEER GROUPS**

PLACE PROMOTIONS

- ☐ Workplace
- ☐ Public Intercepts/Promos
  - Awareness Booths
  - Hand to Hand Distribution

TRAINING

- ☐ Video Programs for Providers
- ☐ Skill Practice Sessions Modeling

PRINT/GRAPHIC

- ☐ Slogan
- ☐ Logo
- ☐ AIDS Facts/Pamphlet Mass Distribution Flyer/Mailings
- ☐ Poster-
  - Myths
  - Transmission
  - Products
- ☐ Phone Stickers
- ☐ Safe Sex-
  - Manual
  - Instructional Flyer
  - Comics
- ☐ Pamphlets
  - Audience Segments
- ☐ Newsletter
- ☐ Health Provider Manual - Treatment/Counseling
- ☐ School Materials/Comics
- ☐ Discussion Guides- Manuals, Quizes
- ☐ Buttons, Stickers, T-Shirts, Balloons

BROADCAST

TELEVISION

- ☐ PSAs
- ☐ News
- ☐ Medical Column
- ☐ Documentaries
- ☐ Dramatizations
- ☐ Benefits

RADIO

- ☐ PSAs
- ☐ News
- ☐ Medical Column
- ☐ Documentaries
- ☐ Dramatizations
- ☐ Benefits
- ☐ Learning Groups

PRESS

- ☐ Liaison Specialists
- ☐ Encourage AIDS Journalists
- ☐ News
- ☐ Features
- ☐ Columns

STEP 8

DECIDING WHAT TO MEASURE

Review your plan to this point and determine what process measure, knowledge, attitudes and behavior results you wish to measure. Sample measures have been included below, but they are only illustrative.

HEALTH STATUS

Rectal Gonorrhea Rates

Doubling Time for Cases

KNOWLEDGE ATTITUDE

GENERAL POPULATION

- ☐ 3 Transmission Vehicles (Sex-Blood-Pregnancy)
- ☐ Relationship HIV/ARC/AIDS
- ☐ Self Identification as "At Risk"
- ☐ Condom Provides Protection

HEALTH SECTOR PERSONNEL

- ☐ Knowledge of AIDS
- ☐ Know What To Say About Blood
- ☐ Refer to AIDS Center
- ☐ Know What To Say About Symptoms, Risks, Myths

SELF-REPORT BEHAVIOR

- ☐ Increased Number of People Who Say *"I Used a Condom During My Last Sexual Encounter"*

OBSERVED BEHAVIOR

- ☐ No. of Gay/Bisexual Men In Bars w/Condoms
- ☐ No. of Prostitutes w/Condoms
- ☐ No. of Calls to AIDS Call Line
- ☐ No. of Calls to Call Line In General
- ☐ Condom Sales
- ☐ Blood Donations

PROCESS

	Planned	Completed
No. of Materials Distributed	___	___
No. of Radio Prog. Broadcast	___	___
No. of TV Prog. Broadcast	___	___
No. of People Trained	___	___
No. of Sales Depts. Set Up	___	___
___	___	___

INFRASTRUCTURE

- ☐ Increased Number of Institutions with AIDS Programme
- ☐ Increased Number of Distribution Points of AIDS Information
- ☐ Increased Number of AIDS Centers
- ☐ Increased Financial Support of Programme

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Appendix C

Copy of Letter Sent to National Health Promotion Organizations with List of Organizations Contacted

Date of letter

Sent to:

Canadian Cancer Society
Canadian Centre for Active Living in the Workplace
Canadian Council on Smoking and Health
Canadian Foundation for AIDS Research
Canadian Public Health Association
Centre for Leadership in Active Living
Heart and Stroke Foundation
ParticipACTION
PRIDE Canada
Smoking and Health Action Foundation

Dear Health Promoter:

Part of the work underway in AIDS Calgary's Education Services Unit is the development of a Health Promotion Program. In order to use the best of all worlds, I am writing to several organizations listed in the Directory of National Organizations and Associations involved in Health Promotion (Health and Welfare Canada) to request the following:

a] to obtain a copy of the health promotion model you follow, whether it is a model designed by your organization or one taken from a text. I would require a bibliographic reference for the model.

b] to obtain a copy of a health promotion workbook (or manual) you use to create a health promotion message. My concept of a manual would provide the user with a step by step approach to systematically recording ideas from which a message is developed.

With regard to [b], I am developing a systematic health promotion workbook that assists staff and volunteers in the design and development of preventive messages associated with HIV and AIDS. I am following a developmental methodology in preparation of a practicum paper for an Ed.D. course.

Your assistance would be helpful as soon as possible.

Thank you,

Stephen Hobbs
Director of Education Services

Appendix D

Workbook Evaluation Instrument

WORKBOOK EVALUATION INSTRUMENT

Please answer YES or NO to the questions. If you want to provide written comments see the right hand column or the reverse side of the form.

WORKBOOK ELEMENT	YES /NO	COMMENTS space on reverse side
Introduction:		
Is there a workbook introduction?	.	
Is it easy to read?	.	
Does the introduction include:		
Workbook name or title?	.	
Workbook purpose?	.	
Content overview?	.	
Set-up organization?	.	
Numbering explanation?	.	
Responsibility for workbook?	.	
Responsibility for updating/changes?	.	
Is the binder easily recognized?	.	
Table of Contents:		
Is there a Table of Contents?	.	
Is the Table of Contents easy to follow?	.	
Are the major categories of the workbook clearly outlined?	.	
Overall Structure:		
Is the subject matter found quickly and easily?	.	
Is the subject matter organized and logical?	.	
Numbering:		
Does the chosen numbering system allow easy access to the subject matter?	.	
Can any page be removed, and then put back to its exact location, using only the page number?	.	
Readability:		
Is the language clear?	.	
Is the style clear and simpler?	.	
Is the sentence structure and length appropriate?	.	
Can you understand the subject matter?	.	
Are the graphics, with accompanying explanations, helpful?	.	
Is the layout consistent throughout the workbook?	.	

WORKBOOK ELEMENT	YES /NO	COMMENTS see below
Content:		
Are the objectives for each section set out in advance?	.	
Is it clear for whom this workbook is written?	.	
Is the information provided useful?	.	
Does the workbook appear to be complete?	.	
Is there extraneous material?	.	
Are the references to other sources provided?	.	
Is sufficient space provided to record ideas?	.	
Additional Comments:		
What overall impression does the workbook give?	.	
Summarize the major strengths and weaknesses below ->	See below	

Appendix E

Final Product: Health Promotion Workbook

Because of length, this document is submitted separately and with separate pagination.

AIDS Calgary

Information, Education and Awareness
Support Services Network

HEALTH PROMOTION WORKBOOK

EDUCATION SERVICES

AIDS CALGARY

December 1993

AIDS CALGARY AWARENESS ASSOCIATION
300, 1021 - 10th Avenue S.W., Calgary, Alberta, Canada T2R 0B7
Phone: (403) 228-0198 Fax: 229-2077
Member of Canadian AIDS Society/La Société Canadienne du SIDA

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Overview

Health Promotion is a process of enabling people to increase control and improve their health (World Health Organization, 1986).

In an effort to support this premise of health promotion, the following workbook outlines a systematic approach to health promotion that utilizes a modified curriculum and program planning model.

The **Design** component of the workbook identifies the target group and the perceptions thereof. Further, the component considers the ideas and concepts, the resources, the expertise, the communication channels available, the health status indicators that frame the needs assessment to needs analysis considerations in developing a health promotion message for the target group.

The **Development** component of the workbook considers the preparation of the health promotion message that frames the needs analysis to task analysis considerations.

The **Target Group Survey** component of the workbook considers the requirement of asking a sample of the target group to provide feedback on the health promotion message developed for the target group.

The **Administration** component of the workbook considers the application of social marketing principles through selected communication channels according to a workplan that monitors selected data for analysis.

The **Evaluation** component of the workbook considers two types of evaluation required to decide on some future action with regard to health promotion program/message development.

Introduction

The purpose of this workbook is to outline a systematic approach to developing and implementing a health promotion program for a target group identified by the user. The document serves to:

- provide a process to generate thoughts
- provide a way to analyze the information generated
- provide a way to evaluate the appropriateness of the message
- record the knowledge generated through the application of the process
- provide a format to compare thoughts between health promotion programs
- provide a way to evaluate the implementation of the message

Guide Map

The following Guide Map highlights the five major sections and the content of each section. The arrows within the map indicate the progressive flow of information derived from one section that is added to the next.

Throughout the workbook, the Guide Map appears with a **Locator Arrow** to provide reference as to the user's location in context of the whole process.

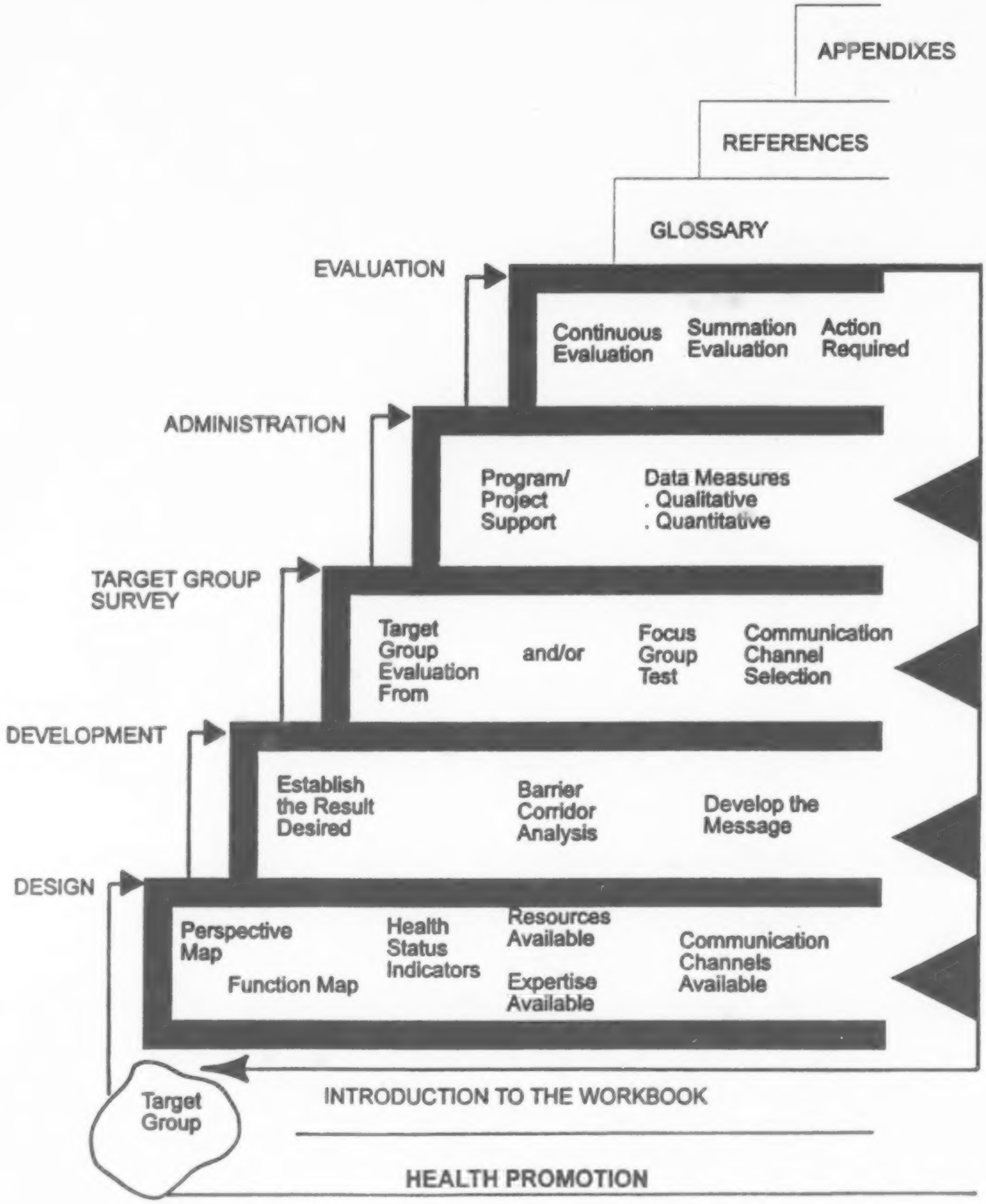
Workbook Format

The workbook follows the systematic outline of a four part, generic curriculum and program planning model. The sections are titled DESIGN, DEVELOPMENT, ADMINISTRATION, and EVALUATION. A fifth section, TARGET GROUP SURVEY is situated after the Development section. Its placement identifies the point at which the developed message is tested before its launch into the target group. Decisions are made as to continue or to review the message.

The information determined through each section of the process accumulates so that the last section provides information for the first section, and therefore *reenergizes* the system. The "looping" analogy used in the workbook, as displayed in the Guide Map, suggests a recurring orientation to the message development. This analogy acknowledges the importance of a future time element associated with the creation and use of the message.

An additional feature of the workbook is the presentation of key terms used in the workbook. The definition appears where the word is used and is contained in a box. The box is situated on the page on which the definition is required.

Guide Map


APPENDIXES
REFERENCES
GLOSSARY
EVALUATION
Continuous Evaluation
Summation Evaluation
Action Required
ADMINISTRATION
Program/ Project Support
Data Measures
. Qualitative
. Quantitative
TARGET GROUP SURVEY
Target Group Evaluation From
and/or
Focus Group Test
Communication Channel Selection
DEVELOPMENT
Establish the Result Desired
Barrier Corridor Analysis
Develop the Message
DESIGN
Perspective Map
Function Map
Health Status Indicators
Resources Available
Expertise Available
Communication Channels Available
Target Group
INTRODUCTION TO THE WORKBOOK
HEALTH PROMOTION

The workbook utilizes a conversational, third person approach . . . as if the author were asking the questions and exploring the concepts with YOU. Scattered throughout the workbook are questions thought important to stimulate thinking and discussions.

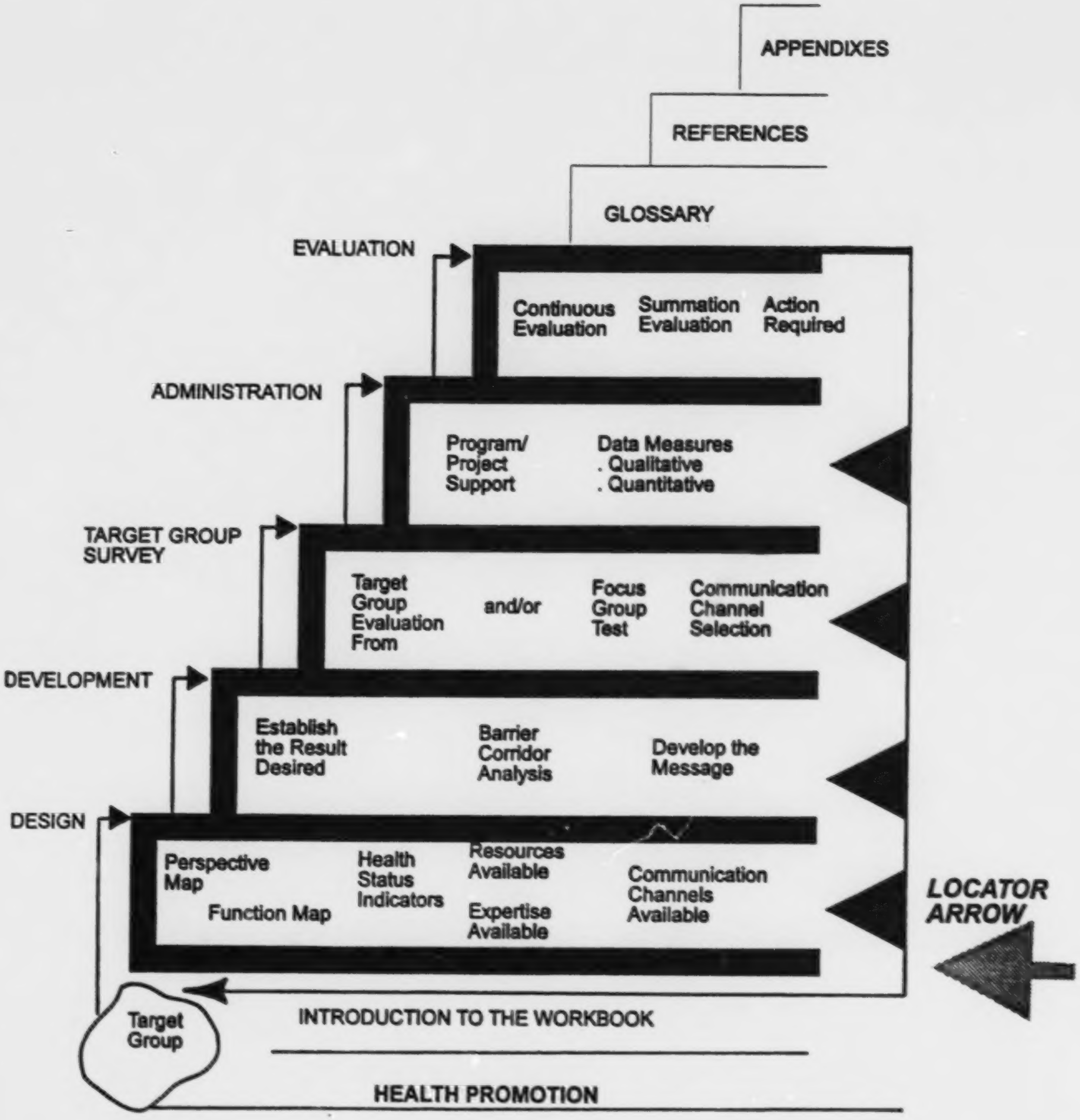
Many of the ideas used in the workbook were taken from a literature review (see References). In addition, original work by the author of the workbook is included. The Perspective and Function Maps and their associated terminology may appear unfamiliar. With the explanation provided in the text, it is anticipated that the user can become familiar with the terms and concepts.

Pagination

The pagination for the workbook is chronological.

When additional pages are inserted into the workbook, they can be numbered as you determine appropriate. Appendix D contains copies of the "form" pages presented in the workbook.

Any suggestions for improving the workbook are welcomed. Please direct all comments to the Education Services Department, AIDS Calgary, 1021 10th Avenue SW, Calgary, Alberta, T2R 0B7 - (403) 228-0155 or Minstrel Ways, 28 Kendal Place SW, Calgary, Alberta, T2V 2J5 - (403) 252-8188.

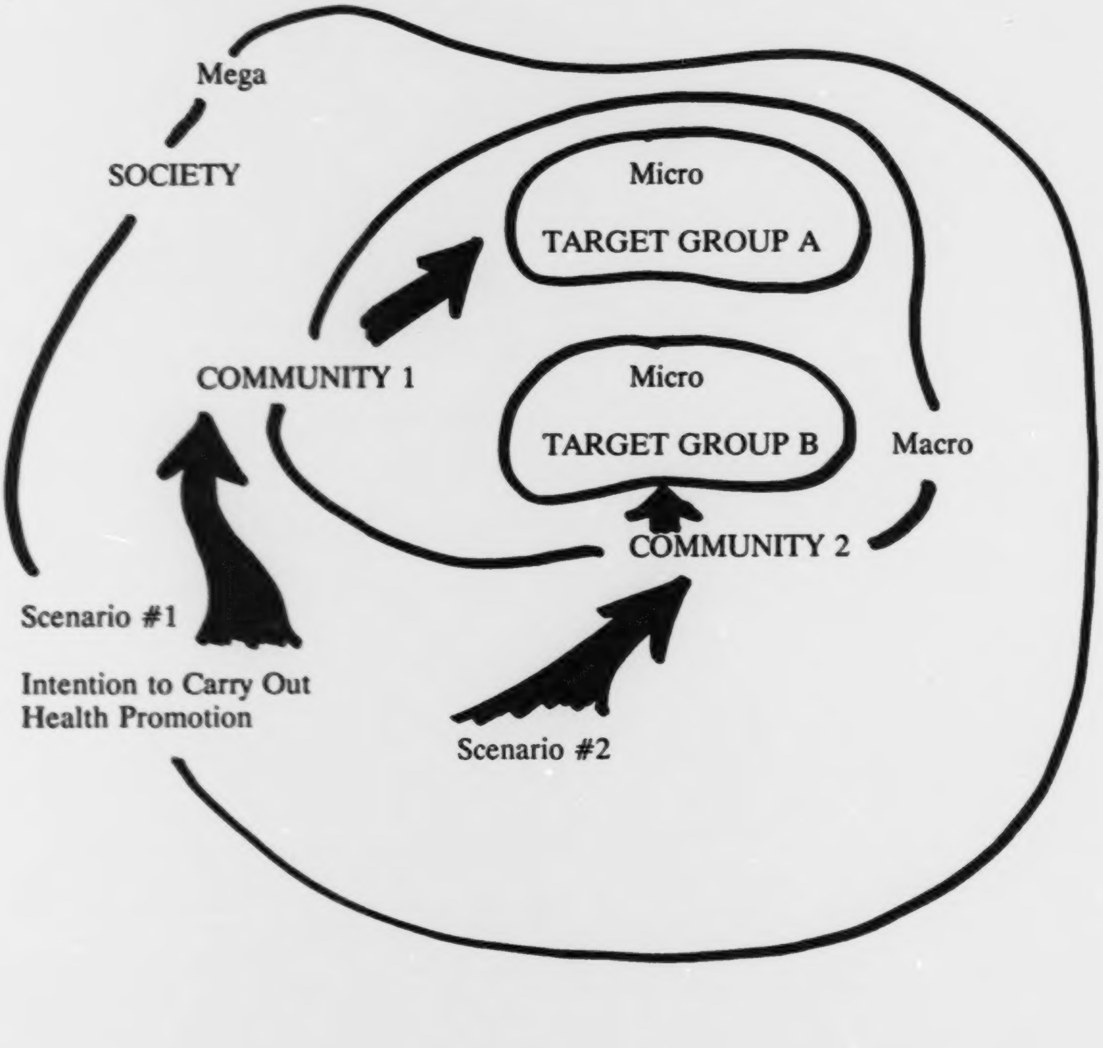

APPENDIXES
REFERENCES
GLOSSARY
EVALUATION
Continuous Evaluation
Summation Evaluation
Action Required
ADMINISTRATION
Program/ Project Support
Data Measures
. Qualitative
. Quantitative
TARGET GROUP SURVEY
Target Group Evaluation From
and/or
Focus Group Test
Communication Channel Selection
DEVELOPMENT
Establish the Result Desired
Barrier Corridor Analysis
Develop the Message
DESIGN
Perspective Map
Function Map
Health Status Indicators
Resources Available
Expertise Available
Communication Channels Available
LOCATOR ARROW
Target Group
INTRODUCTION TO THE WORKBOOK
HEALTH PROMOTION

Target Group: A Situation within a Context

In order to understand which target group will be selected, it may be helpful to undertake a mega to macro to micro (larger to smaller) review of society through community to target group.

> **The health message developed through the use of this workbook will be one giant step closer to being useful if the intended message matches the target group identified. Too often the message does not help the target group.**

The following diagram outlines two scenarios following the mega to macro to micro review.


Mega
SOCIETY
Micro
TARGET GROUP A
COMMUNITY 1
Micro
TARGET GROUP B
Macro
COMMUNITY 2
Scenario #1
Intention to Carry Out Health Promotion
Scenario #2

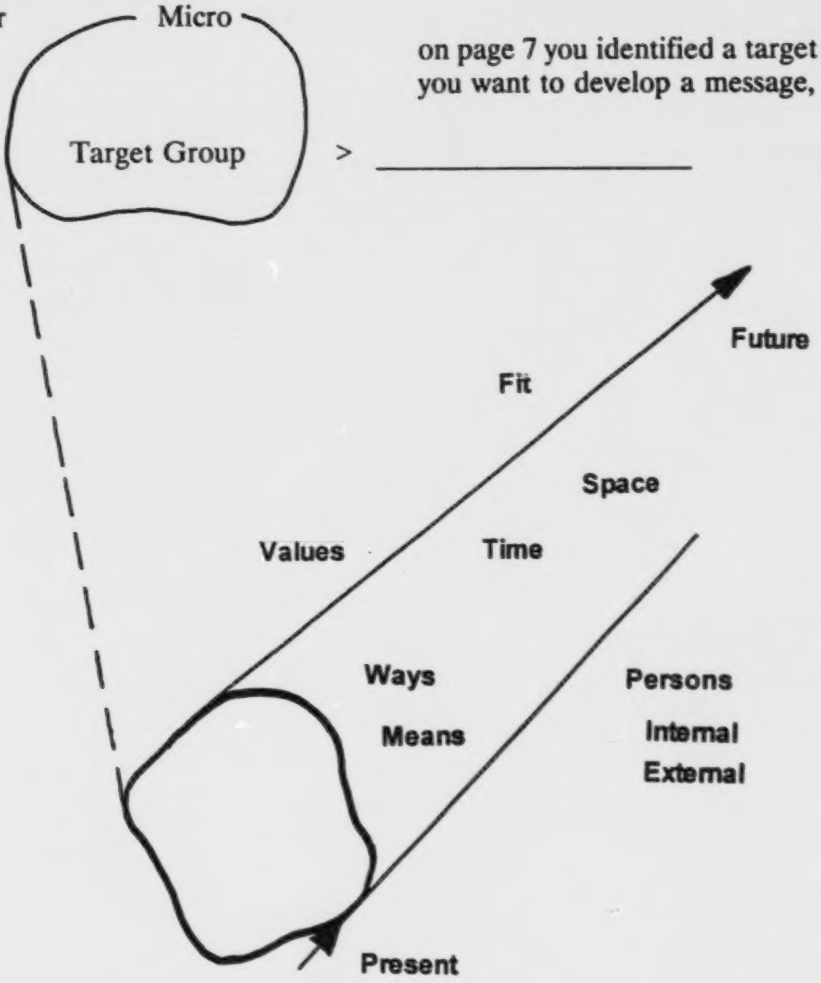
Is someone from the target group represented on the health promotion working group? If yes, who are they? If no, who should be approached?

Where can you contact those you people you identified above?

-
-
-
-

Perspective Map

Consider


Micro
Target Group
Future
Fit
Space
Values
Time
Ways
Means
Persons
Internal
External
Present

on page 7 you identified a target group for whom you want to develop a message, that group is

> ____________________

Open up this sheet to align the following pages . . . DES - 11, 12, 13 >

Perspective Map The questions within this component of the DESIGN Section are framed by the difference suggested by:

WHAT IS THE > WHAT IS THE
Present Reality? > Future Reality?

Questions based on the following 7 Perspectives -

Holistic 5W & H	* the FIT of the target group within society . . . considers the nature of the target group, its relationships to society
Why	* the VALUES associated with the target group . . . considers the beliefs or philosophies of the target group
How	* the WAYS in which to associate with the target group . . . considers the practical ways in which to reach the group
What	* the MEANS available to associate with the target group . . . considers the resources (financial, print & electronic) to connect with the group
When	* the influence of TIME on the target group . . . considers the time frame of delivering the message/societal time in which the group participates (e g., Information Age)
Where	* the SPACE associated with the target group . . . considers the area in which the group operate/source of their information
Who	* the Internal and External PERSONS affecting the target group as a whole . . . considers everyone involved directly and indirectly within (internal) or from outside (external) the target group

Through this brainstorm or "blue sky" exercise, you will gain some PERSPECTIVE of the target group. In other words, you will have some idea as to what you think the target group needs to have if the health promotion program were implemented now.

This perspective helps to eliminate assumptions and provides the assembled practitioners in ideas on which to agree to understand individual perceptions brought to the assembled group. With a perception grounded in the group understanding of the PERSPECTIVE of the target group it makes it easier to continue with the rest of the workbook.

Perspective Map

WHAT IS (ARE) THE FUTURE REALITY (or REALITIES) . . . as it pertains to the health issue?

FIT

VALUES

WAYS

MEANS

TIME

SPACE

INTERNAL PERSONS

EXTERNAL PERSONS

Continuous Evaluation

On page 49 a Pull Out Form is provided for your use.

The form provides space to record your Continuous Evaluation thoughts as you progress through the workbook.

It is important you visit this feature of the workbook . . . by using it NOW, you may safe yourself some hassles later in the process.

When consulting page 49, the
pull-out will result in page 50
laying to the right of this page.

At the bottom of the right hand page, there are reminder prompts
of where to locate the Continuous Evaluation Form.

GO TO Continuous Evaluation, page 49

Perspective Map

WHAT IS THE PRESENT REALITY . . . as it relates to the health issue?

FIT

VALUES

WAYS

MEANS

TIME

SPACE

INTERNAL PERSONS

EXTERNAL PERSONS

GO TO Continuous Evaluation, page 49

Function Map The questions within this component are framed by:

WHO and HOW questions, as they relate to functional analysis of the target audience. That is, to understand the behaviour, how and who undertakes the following functions.

LEADERSHIP . the person or persons influencing the behaviour the group, regardless of the reason

Who are the leaders, who ensure the relevant things happen within the group?

How is leadership displayed?

MANAGEMENT . working with and through the group to accomplish its reason to exist

Who are the managers, who ensure the effective maintenance of the group and/or ensure the right things are done?

How is the effectiveness of the group maintained?

COMMUNICATION . working with and through others to present and to seek information

Who are the communicators, who ensure the consistent delivery of the messages to the group?

How is communication achieved?

HUMAN RESOURCES . working with and through others to understand the contribution of self and others to the group

Who are the people influencing the target group both internally and externally, who ensure the continuity of the group?

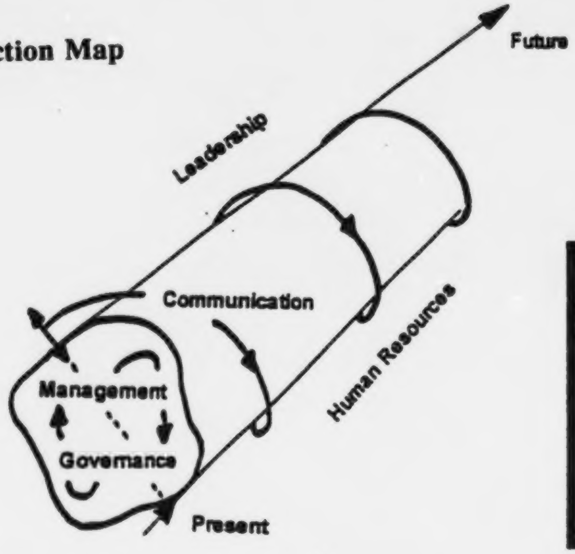
How is the continuance of the internal and external group interactions maintained?

GOVERNANCE . working with and through others to decide on the future of the group

Who are the decision makers, who ensure the legality and/or equity for the group?

How are decisions made in the target group?

Function Map


Future
Leadership
Communication
Human Resources
Management
Governance
Present

Leadership

Human Resources

Management

Governance

Communication

More space is provided on the next page to record your thoughts.

GO TO Continuous Evaluation, page 49

Additional space to record your thoughts generated by the Function Map.

Has someone from the health promotion working group consulted with the target group?

[ ] **YES**

{ } **NO, if not why not?**

GO TO Continuous Evaluation, page 49

Resources The list of resources compiled in this component reflect those resources thought to be applicable NOW .

For the most part, resources useful to the health promotion program and/or message are housed in an organization. This includes doctors and counsellors who are incorporated organizations.

Consider:

ELECTRONIC	What videos, films, etc. are available?
PRINT	What books, pamphlets, etc. are available?
FINANCIAL	What private and public money, and foundations can be accessed or money?

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Resources Available for Target Group

Within organizations involved with the health issue-		
Electronic	Print	Financial

Within organizations associated with the target group -		
Electronic	Print	Financial

Within external organizations who can be asked to help -		
Electronic	Print	Financial

GO TO Continuous Evaluation, page 49

Expertise The list of organizations complied in this component employ people who are thought to have expertise that is applicable NOW. Their experience and access to information would prove helpful to formulate and/or to implement the health promotion program.

For example . . . at University X, Professor Smith studies health promotion and has completed a study on a similar target group

Consider:

ORGANIZATIONAL NAME	specific reference
EXPERTISE BY NAME	who can help within the organization by name; if not by name, then by title

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Expertise Available for Target Group

Within organizations involved with the health issue -

Organization	Expertise . . . people

Within organizations associated with the target group -

Organization	Expertise . . . people

Within external organizations who can be asked to help -

Organization	Expertise . . . people

GO TO Continuous Evaluation, page 49

Health Status Indicators To understand if their has been a change in the health outcomes of the target group, a list of HEALTH STATUS INDICATORS can be listed by source. Each of these indicators can be assessed as to their validity and reliability.

The list created at this point is recorded without discussion as to priority and/or specific appropriateness. Instead, the group should record what indicators are thought to apply to the target group.

For example, from the list of indicators associated with HIV and AIDS:

a) Rate of infection amongst the target group and/or

b) Pregnancy Rate and/or

c) Percentage increase in number of calls to Telephone Information Service

Consider:

INDICATOR	the index, the pointer used to determine change in the target group as a result of implementing the health promotion program
SOURCE	the place where reliability and validity can be confirmed

Validity:	the extent to which the indicators used in one message development can be used with another message development
Reliability:	the extent to which one's findings can be replicated . . . in other words, if the indicators were used again, they would yield the same results

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Health Status Indicators for Target Group

Indicator	Source Confirmation	Is the Indicator valid and/or reliable?
•		
•		
•		
•		
•		
•		
•		
•		

What Health Status Indicators are identified by the target group?

GO TO Continuous Evaluation, page 49

Communications The list of communication channels compiled in this component reflect those communication channels that are thought to be applicable NOW.

Consider:

IDENTIFICATION	name of the channel; be as specific as possible TV, radio, movie theatres, restaurant table mats, match box covers, bookmarks, videos, pamphlets, posters, tear-sheets, and * * * * * *
AUDIENCE LEVEL	ascertain the reading and/or listening level of the audience
CONTACT PERSON	identify who is the contact person; if not by name, then by title

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

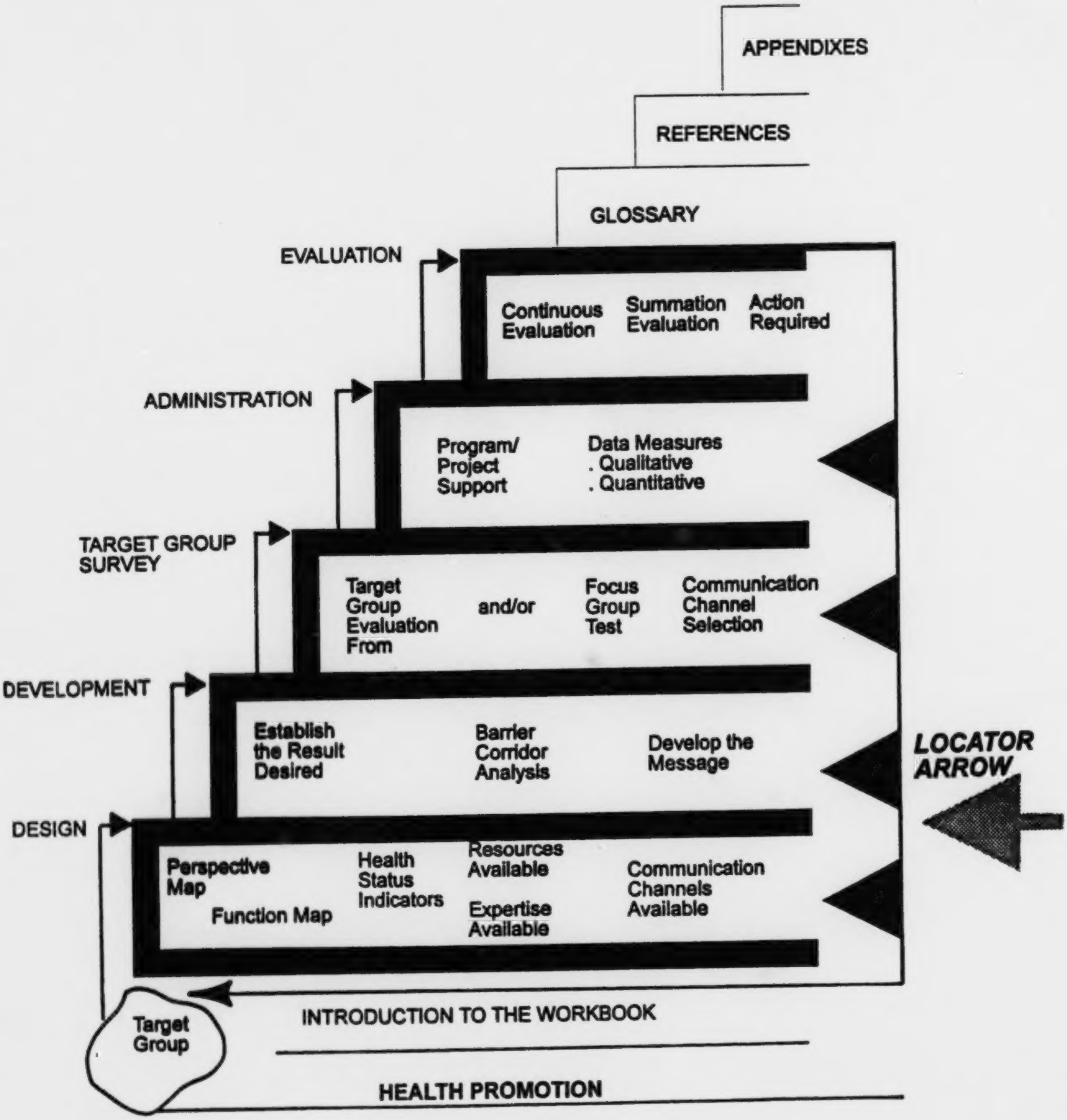
Communication Channels Available for Target Group

Identification of Channel	Audience Level	Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Notes: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Expertise Available
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Message Preparation In preparing the health promotion message, it is important to understand what is the intended purpose of the message and then to work out the ways and means of promoting the message.

Alternative View - Sometimes you may have to consider:

Putting the cart before the horse.
Offering the horse an orange.
Walking the horse and pulling the cart yourself.
Find oxen instead of a horse.
Hire a tractor and a wagon.

Consider:

OUTCOME	What is the intended health outcome(s) of the health promotion message? For example: Referral to Other Support Groups, Support Services Offered by the Agency, Services and Products Available to Support Health
MEASUREMENT	What criteria will be used to ensure the message has been transmitted?
TIMEFRAME	What amount of time is allocated to ensure the transmission of the message?
BARRIERS	What roadblocks exist to slow or halt the health promotion program. And what solutions are possible to overcome the barriers?
CORRIDORS	What supports are available to assist in delivering the health promotion program?
MESSAGE	What do you want the message to say?

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Message Preparation for the Target Group

Establish the Desired Result . . . see questions on previous page

Outcome:

Measurement:

Timeframe:

Barrier/Corridor Analysis . . . see questions on previous page

Barriers	Solutions to Barriers

Corridors:

DEVELOPMENT
TARGET GROUP SURVEY

GO TO Continuous Evaluation, page 49

Message Development

Contrary Messages:

What messages exist that present an opposite or at least competitive view to the intended message?

For example:

Glamour of Smoking > Quit Smoking

Home Entertainment > Weight Control

Simply stated:

What do you want to say?

Contrary Messages

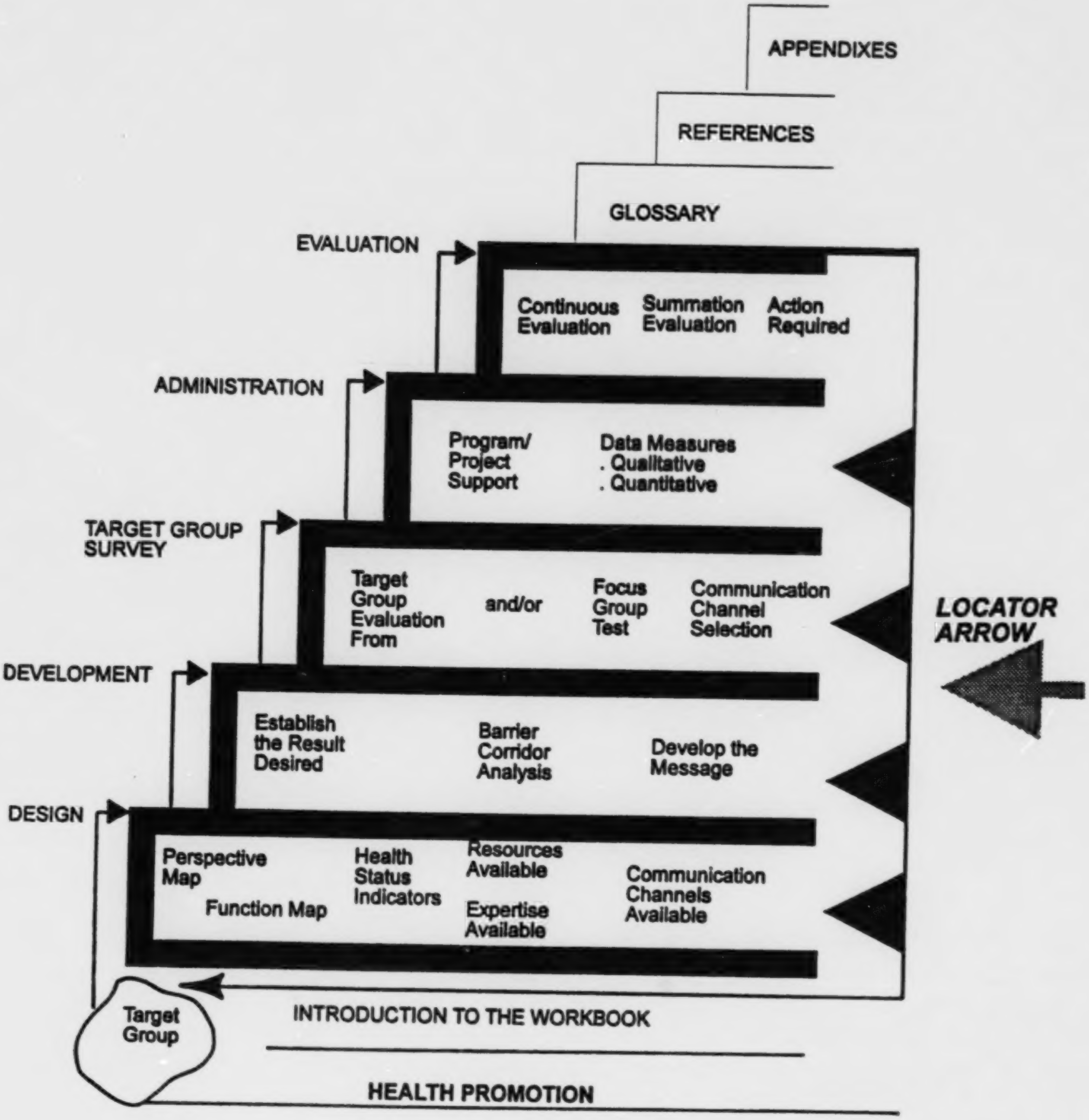
Competing messages:

The Message

The message -

GO TO Continuous Evaluation, page 49

Notes: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Message Developed Through an interactive approach acceptable to the group, a health promotion message has been developed.

Once selected, it is useful to write the message down again . . . as a way of refocusing and revisiting the message. This rewriting confirms your commitment to the message developed SO FAR.

Next it is advisable to ask a group of 5 to 10 randomly selected people who represent the target group what they think of the message. If their response is favourable, then the program can continue. If their response is unfavourable, then the message content and process can be reviewed.

Consider:

FOCUS GROUP TEST	see Appendix A for procedures
TARGET GROUP SURVEY FORM	see Appendix B for a copy of the form

Based on the results of focus test and/or target group survey, further development, administration and evaluation of the program is possible.

Consider:

> IF THERE IS *MAJORITY PLUS 1 AGREEMENT* or *100% ACCEPTANCE* BY THE FOCUS GROUP, AND/OR TARGET GROUP SURVEY RESPONDENTS. . . THEN CONTINUE.

This is a critical component of the process. Care is necessary to ensure agreement (or at least acceptance) is reached with everyone involved to this point. The intended health promotion message has to be "OKAYed" by the working group, the focus group and/or representatives from the target group.

Message Developed So Far

Rewrite the statement:

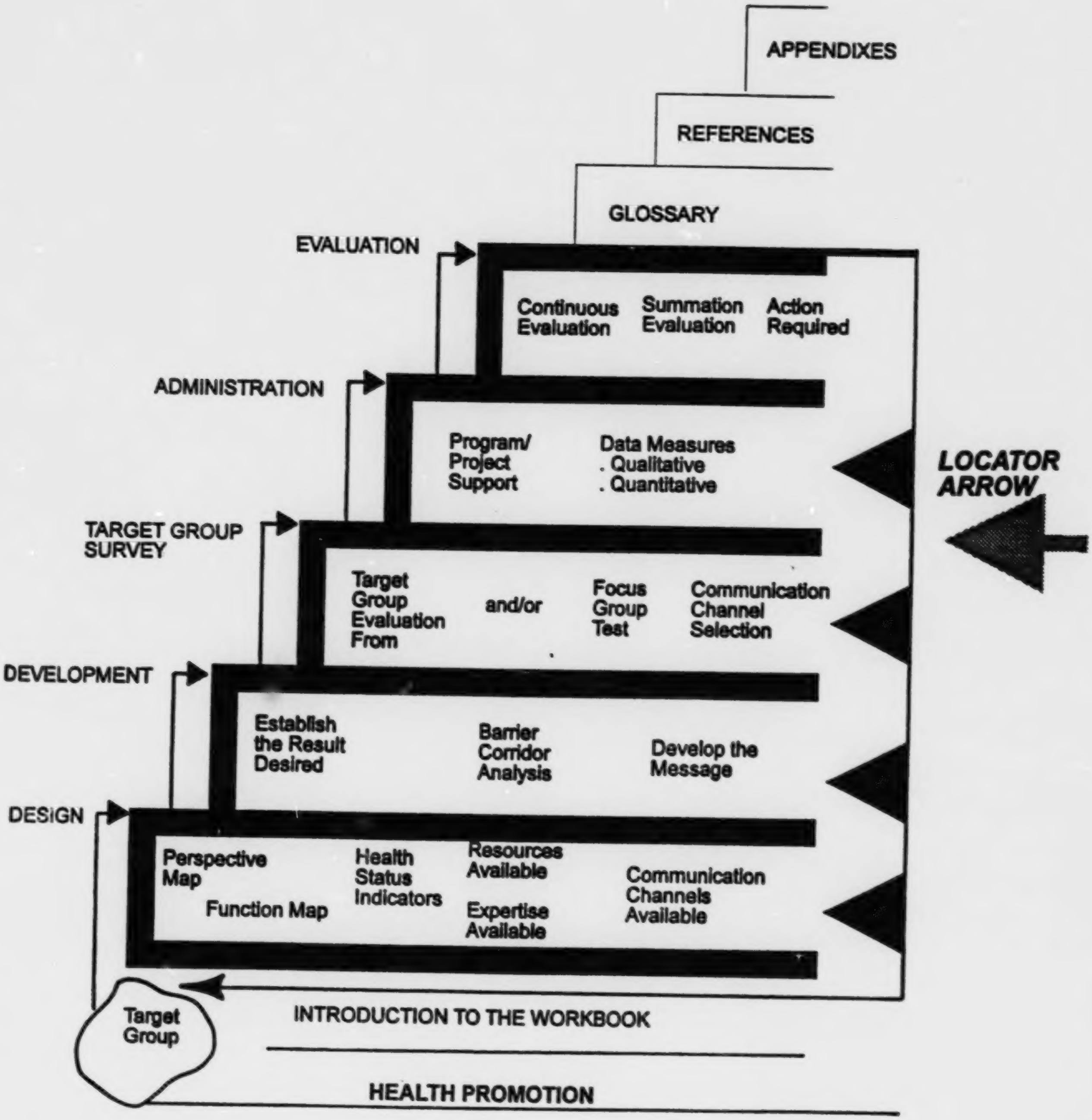
Is their MAJORITY PLUS 1 AGREEMENT or 100% ACCEPTANCE? []Yes or {}No . . . if No, consider a rewrite.

Rewrites:

TARGET GROUP SURVEY ADMINISTRATION

GO TO Continuous Evaluation, page 49

Notes: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The following section deals with the ADMINISTRATION of the health promotion program.

HOWEVER . . . this section is in no way inclusive of all information necessary to complete this aspect of the program. Because there is a variety of ways to administer the program, it is advisable that you consider the 7 Ps of social marketing outlined on the next page.

Social Marketing The following questions are suggestions . . . prompting you to think about administering (implementing) the program.

Price	what is the cost of the program to the organization and the consumer?
Producer	what is the role of the organization who produced the package?
Promotion	what are the preferred choices as to the ways and means of promoting the campaign? When will it occur? answered in part through the use of this workbook!
Probing	what checks and balances are in place to ensure the message is correct for the target group? answered in part through the use of this workbook!
People	what group of people constitute the primary target group? the secondary target group? answered in part through the use of this workbook!
Place	what is/are the locations for the placement of the health promotion program and message?
Product	what is/are the tangible and intangible products (and services) that will be made available to the target group?

ADMINISTRATION EVALUATION

GO TO Continuous Evaluation, page 49

Communication Channel Selection From the list of communication channels selected earlier in the workbook (page 25), several **priority** channels can be identified, considered and arrangements made to deliver the program.

Consider:

IDENTIFICATION	specific choice of communication channel(s) to be used
CONTACT	identify who is the contact person for the communication channel

In choosing the communication channels, it is necessary to ensure a mixture of channels is available and that they allow for repetition of the message. It is important to repeat the message because the health promotion message is attempting to provide knowledge, to motivate action, and/or to explain behaviour change.

It is of upmost importance that a third check of the message be made in reference to the communication channels selected.

ASK - SO WHAT? THEN WHAT?

So what happens if it is successful? Then what happens?

Any negative responses can be used to refocus the message if they are thought to influence significantly.

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Communication Channel Selection

Identification	Contact Person	Second Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Program/Project Selection With the development of the health promotion message it is important to determine a workplan to ensure the delivery of the program/project.

Consider:

GOAL STATEMENTS	as to what the agency wants to have as a result of initiating the program/project
OBJECTIVE STATEMENTS	as to what the agency wants to do to achieve each of the goals listed above.

These statements can be written as a workplan (see Appendix C) that guides the day to day administration activities of the program/project.

The goals and objectives need to follow the SMAC rules of

Specific, Measurable, Achievable, Consistent

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Program/Project Selection

Goal (to have)	Objective (to do)
A:	A1: A2: A3:
B:	B1: B2: B3:
C:	C1: C2: C3:

ADMINISTRATION EVALUATION

GO TO Continuous Evaluation, page 49

Data Collection Consulting the Health Status Indicators listed before (page 22), it is necessary to identify relevant quantitative (numbers that show ratios, percentages, statistical significance) and qualitative (written observations, recorded statements) measures for evaluation.

You can also consider measures that upon first review may appear tangential to the main message. Consideration of these other measures may suggest thoughts useful in the administration and evaluation of the program.

With the identification of the data measures it is important to identify the source of the data. The source identification provides a way to check the validity and reliability of the data.

Validity:	the extent to which the indicators used in one message development can be used with another message development
Reliability:	the extent to which one's findings can be replicated . . . in other words, if the indicators were used again, they would yield the same results

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Data Collection for Target Group

Quantitative

Data	Source of data	Is it valid and/or reliable?
• • • • •		

Qualitative

Data	Source of data	Is it valid and/or reliable?
• • • • •		

ADMINISTRATION EVALUATION

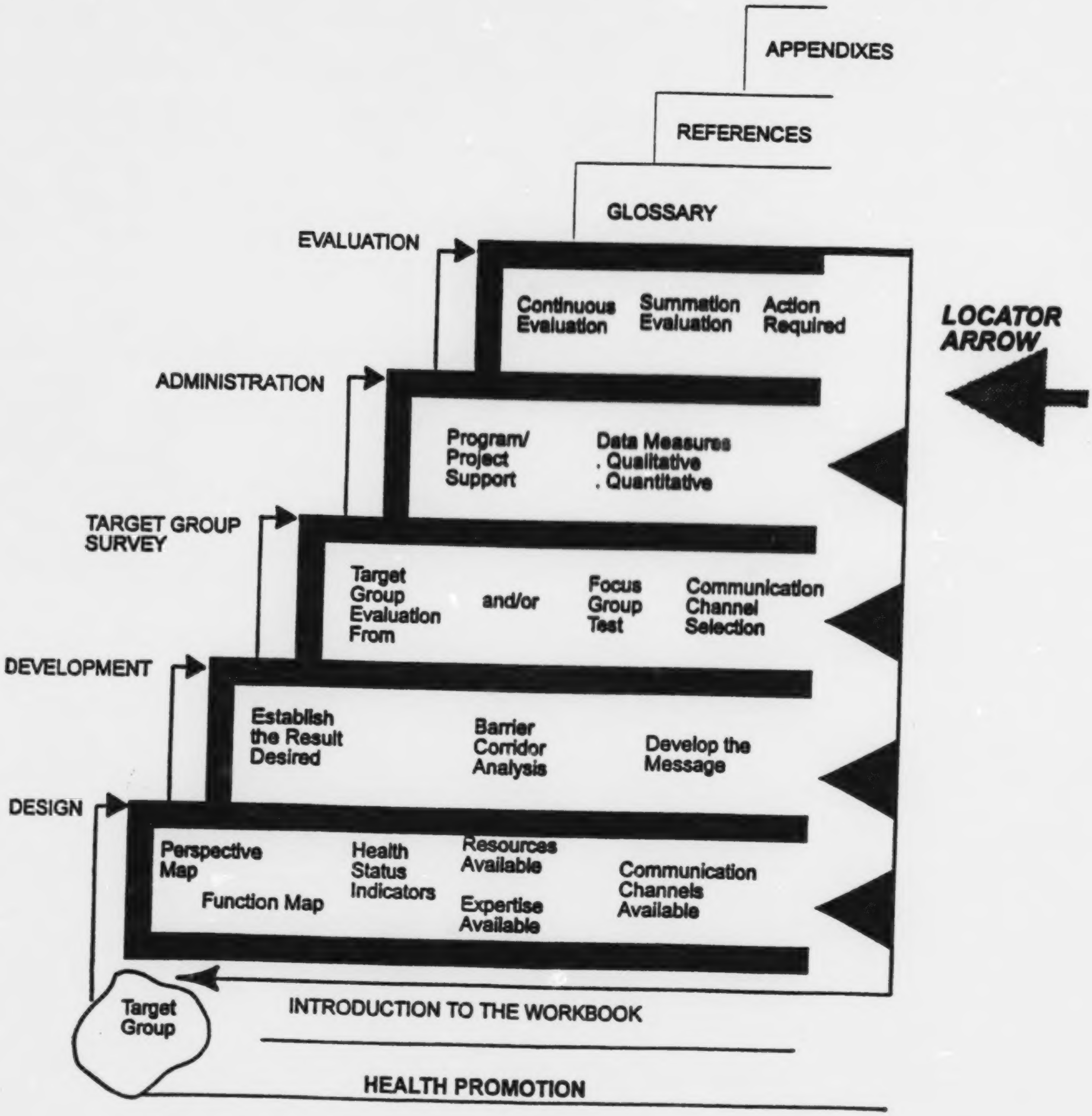
GO TO Continuous Evaluation, page 49

Have you been consulting with the target group?

Whether you have or have not . . . it may be advisable to consider Participatory Action Research!

See Appendix C.

Notes: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Continuous Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 52

GO TO Summation Evaluation, page 53

It may be helpful to fold
this page in the
other direction
so that the
following pages
can be referenced.

Then you are able
to complete the
Summation Evaluation Form.

PAGES - 50, 52, 54

Additional space for thoughts generated by Continuous Evaluation

Continuous Evaluation As information becomes known, it can be recorded by source for analysis and synthesis later. The following filter is thought to be useful.

Consider:

KEEP (high satisfaction, high importance)

Is the information of **high** importance to ensuring successful implementation of the health promotion message? Am I/we highly satisfied with the information?

CHANGE (mid satisfaction, mid importance or high satisfaction, low importance or low satisfaction, high importance)

Is the information of **some** importance to ensuring successful implementation of the health promotion message? Am I/we somewhat satisfied with the information?

DELETE (low satisfaction, low importance)

Is the information of **little or no** importance to ensuring successful implementation of the health promotion message? Am I/we not satisfied with the information?

For information that falls into several places,
then mark the inserts with an asterisk (*) for later review.

Pull-out = >

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Summation Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 56

GO TO Action Required, page 57

**To be able to complete
the Action Required Form,
it will be helpful to consider
the following pages.**

PAGES - 54, 56, 59

Additional space for thoughts generated by Summation Evaluation

Summation Evaluation Upon completion of the program, all the data can be reviewed as to what to keep, change and delete about the whole program. These decisions concern the content, input, process, products, output and outcome of the program. When a decision is made it is essential that the reason for the decision be recorded as well. It is helpful to start at the beginning of the workbook and review the notes asking:

SO WHAT? THEN WHAT?

So what happened? Then what happened?
So what did we do? Then what do we have?

Consider:

DESIGN	Content -	information, ideas made available to work with - needs assessment
DEVELOPMENT	Input -	the materials, the resources available to work with - needs analysis
ADMINISTRATION	Process -	the practical "how-to-do-its" used to work with the content and inputs - task analysis
EVALUATION	Product -	en-route and/or tangible ends (e.g., pamphlets, reports, competence obtained) available to the target group and the agency
	Output -	aggregate products (e.g., new knowledge, new skills, service delivery, message promotion) delivered to the target group that have reliability and validity
	Outcome -	effects of the aggregate products (e.g., continued funding, self-reliance, positive agency image, continued use of services) in/on the target group & society as a whole

Pull-out = >

**To be able to complete
the Action Required Form,
it will be helpful to reference
the following pages.**

PAGES - 50, 52, 54, 56, 59

Action Required

Action to be Taken for the future	Person Responsible for future actions	By When
•		
•		
•		
•		
•		
•		
•		

EVALUATION
DESIGN

GO TO Design, page 7

CONGRATULATIONS

from me!

**It was great working
with you.**

Action Required

The story may read:

> ***Once upon a health promotion program . . . and so the story ends.***

- 30 -

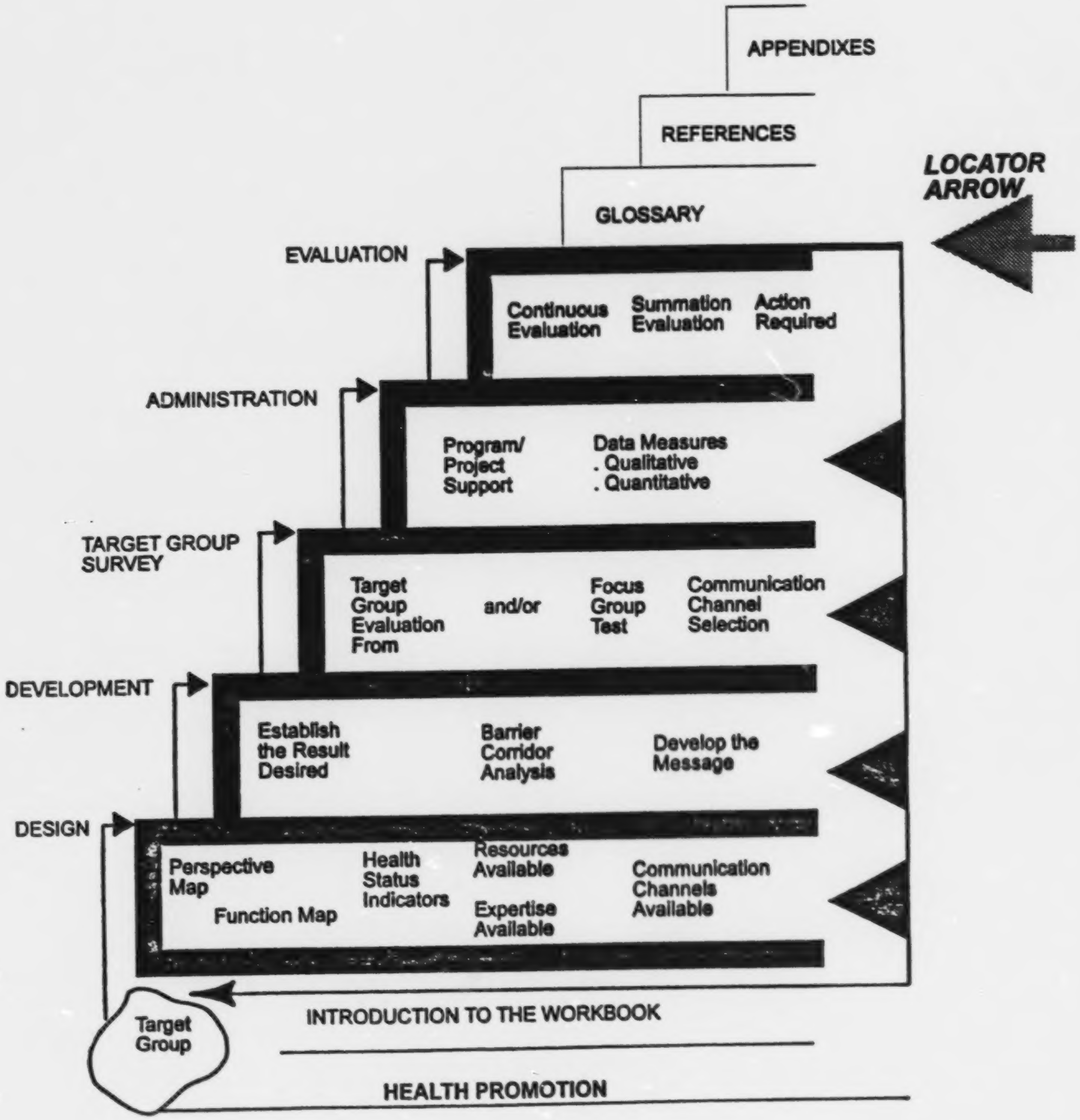
And yet, you know the story isn't finished. What you have just completed has resulted in the need for more information to be dispensed.

It is therefore important to determine what action will be taken, and who will ensure the action is completed by what time. This post component of the program finishes the current program. More importantly, it establishes what has been learned from the old program that is useful for the new program.

Consider:

ACTION TO BE TAKEN	What action is suggested for the future programs?
RESPONSIBILITY	Who is responsible for the future actions?
BY WHEN	What time lines are associated with completing the suggested actions?

Notes: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GLOSSARY

Health Promotion is a process of enabling people to increase control and improve their health (World Health Organization, 1986).

In an effort to support this premise of health promotion, this workbook outlined a systematic approach to health promotion that utilized a modified curriculum and program planning model.

The **Design** component of the workbook identified the target group and the perceptions thereof. Further, the component considered the ideas and concepts, the resources, the expertise, the communication channels available, the health status indicators that framed the needs assessment to needs analysis considerations for developing a health promotion message for the target group.

The **Development** component of the workbook considered the preparation of the health promotion message that framed the needs analysis to task analysis considerations.

The **Target Group Survey** component of the workbook considered the requirement of asking a sample of the target group to provide feedback on the health promotion message developed for the target group.

The **Administration** component of the workbook considered the application of social marketing principles through selected communication channels according to a workplan that monitors selected data for analysis.

The **Evaluation** component of the workbook considered two types of evaluation required to decide on some future action with regard to health promotion program/message development.

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Appendix A

How to Facilitate a Focus Group

HOW TO FACILITATE A FOCUS GROUP

Before you start

1. Contact the potential participants. Explain the research goals and ask them if they would agree to participate. Briefly describe the topic to be covered. Explain the confidentiality arrengements.
2. Prepare an aide memoire, or discussion guide.
3. Decide which researcher will facilitate the group and who will take notes of the disucssion. Notes can be written on a flipchart or in a notebook.
4. Be sure to have the necessary equipment (flipchart, pens, tape, etc.) on hand.
5. Arrange the seating so that the participants sit facing each other.
6. You may want to provide coffee and muffins.

During the discussion

1. Remind participants that you are interested in their experience and their stories. Make it clear that there are no right or wrong statements. do not argue with the views they put forward.
2. Keep the group on topic, but be open to a wide-ranging disucssion.
3. Don't worry about silences
4. Draw out information by asking the person more questions or inviting the person to say more. Tell participants they can do the same.
5. Depending on the topic, discussions can sometimes be upsetting. Participants can feel vulnerable at sharing personal information. Be supportive.
6. At the close of the discussion, ask participants for feedback. Ask them if the discussion has missed anything.
7. Thank them all for their time and their contribution. Explain how you plan to let them know about the results of the research.

After the discussion

1. Write up the discussion notes as soon as possible.
2. Type, or write in legible ink that is copyable. Be sure to double space.
3. Add facilitator notes as appropriate.
4. Make a copy of then otes. File the original and use the copy for ongoing work.
5. Write a thank you note to each participant.

Excerpt:
Barnsley, J., & Ellis, D. (1992). Research for change: Participatory action research for community groups. Vancouver, BC: The Women's Research Centre, pp. 76-77.

Appendix B

Sample Target Group Survey Form

Target Group Survey Form

To help us ensure the health promotion message is workable, please answer the following questions.

1. Overall, what is your level of satisfaction with the health promotion message?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Experience
4	3	2	1	X

2. Specifically, what is your level of satisfaction and the level of importance you place on each part of the health promotion message?

Level of Satisfaction	Level of Importance
4 - Very Satisfied	4 - Very Important
3 - Satisfied	3 - Important
2 - Dissatisfied	2 - Unimportant
1 - Very Dissatisfied	1 - Completely Unimportant
X - No experience	X - No experience

4 3 2 1 X ______________________________ 4 3 2 1 X

4 3 2 1 X ______________________________ 4 3 2 1 X

4 3 2 1 X ______________________________ 4 3 2 1 X

3. If you were to improve the message, what would you suggest?

____

____

4. If you were to improve the way in which we are going to promote the message, what would you suggest?

____

____

5. Are there any other comments you would like to make to help us with the health promotion message?

____

____

Thank you for helping us to better promote
the health message.

Appendix C

Suggested Steps to Conduct Participatory Action Research

PARTICIPATORY ACTION RESEARCH

Some thoughts:

- research that is participatory in design and action oriented in results
- is part of an ongoing process for change
- learning HOW people actually experience the specific issue or problem
- makes possible the development of strategies and programs based on real life experience rather than theories and assumptions

- *follows these steps as outlined by Barnsley & Ellis (1992)*

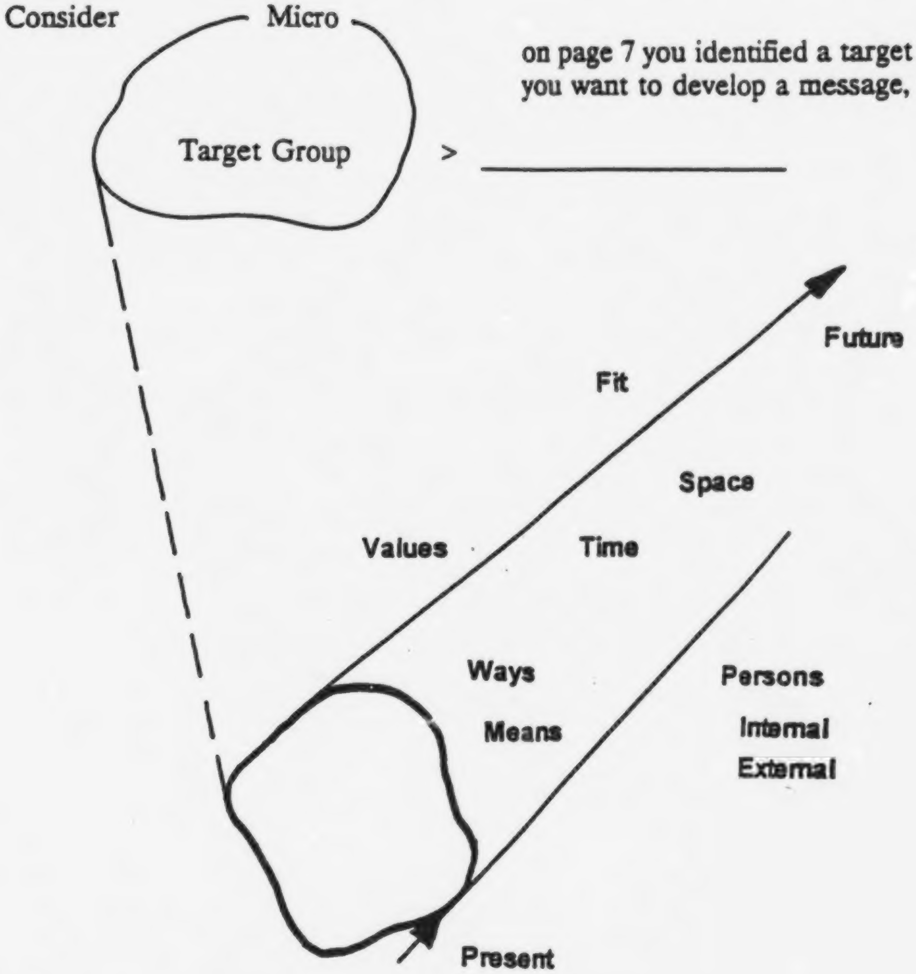
. Deal with the planning and administrative tasks.
. Develop the information matrix - what do you want to know?
. Do you need help?
. Develop the research assumptions
. Describe the research context
. Define your research goals and objectives
. Choose which data-gathering tools to use
. Decide who your informants will be
. Decide how many informants you need
. Develop your gathering tools

Excerpt: Barnsley, J., & Ellis, D. (1992). Research for change: Participatory action research for community groups. Vancouver, BC: The Women's Research Centre, p. 23.

Appendix D

Extra Forms

Perspective Map


Consider
Micro
Target Group
>
Future
Fit
Space
Values
Time
Ways
Persons
Means
Internal
External
Present

on page 7 you identified a target group for whom you want to develop a message, that group is

> ____________________

Open up this sheet to align the following pages . . . DES - 11, 12, 13 >

Perspective Map

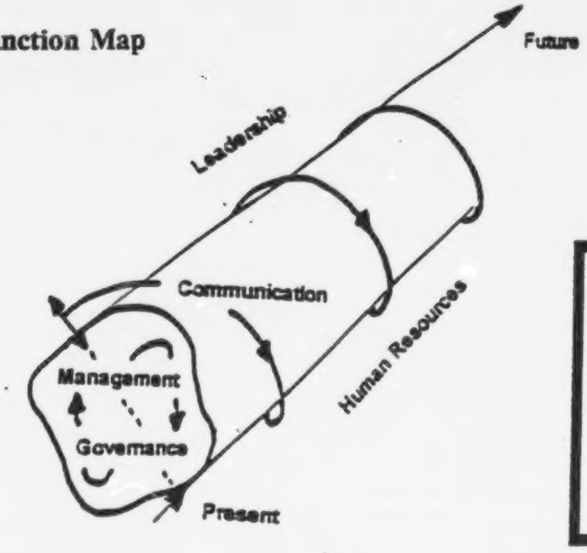
WHAT IS (ARE) THE FUTURE REALITY (or REALITIES) . . . as it pertains to the health issue?
FIT
VALUES
WAYS
MEANS
TIME
SPACE
INTERNAL PERSONS
EXTERNAL PERSONS

Perspective Map

WHAT IS THE PRESENT REALITY . . . as it relates to the health issue?
FIT
VALUES
WAYS
MEANS
TIME
SPACE
INTERNAL PERSONS
EXTERNAL PERSONS

GO TO Continuous Evaluation, page 49

Function Map


Future
Leadership
Communication
Human Resources
Management
Governance
Present

Leadership

Human Resources

Management

Governance

Communication

More space is provided on the next page to record your thoughts.

GO TO Continuous Evaluation, page 49

Resources Available for Target Group

Within organizations involved with the health issue-		
Electronic	Print	Financial

Within organizations associated with the target group -		
Electronic	Print	Financial

Within external organizations who can be asked to help -		
Electronic	Print	Financial

GO TO Continuous Evaluation, page 49

Expertise Available for Target Group

Within organizations involved with the health issue -	
Organization	Expertise . . . people

Within organizations associated with the target group -	
Organization	Expertise . . . people

Within external organizations who can be asked to help -	
Organization	Expertise . . . people

GO TO Continuous Evaluation, page 49

Health Status Indicators for Target Group

Indicator	Source Confirmation	Is the Indicator valid and/or reliable?
•		
•		
•		
•		
•		
•		
•		
•		

What Health Status Indicators are identified by the target group?

GO TO Continuous Evaluation, page 49

Communication Channels Available for Target Group

Identification of Channel	Audience Level	Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Message Preparation for the Target Group

Establish the Desired Result . . . see questions on previous page

Outcome:

Measurement:

Timeframe:

Barrier/Corridor Analysis . . . see questions on previous page

Barriers	Solutions to Barriers

Corridors

DEVELOPMENT
TARGET GROUP SURVEY

GO TO Continuous Evaluation, page 49

Contrary Messages

Competing messages:

The Message

The message -

GO TO Continuous Evaluation, page 49

Message Developed So Far

Rewrite the statement:

Is their MAJORITY PLUS 1 AGREEMENT or 100% ACCEPTANCE? []Yes or {}No . . . if No, consider a rewrite.

Rewrites:

GO TO Continuous Evaluation, page 49

Communication Channel Selection

Identification	Contact Person	Second Contact Person
●		
●		
●		
●		
●		
●		
●		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Program/Project Selection

Goal (to have)	Objective (to do)
A:	A1: A2: A3:
B:	B1: B2: B3:
C:	C1: C2: C3:

GO TO Continuous Evaluation, page 49

Data Collection for Target Group

Quantitative

Data	Source of data	Is it valid and/or reliable?
• • • • •		

Qualitative

Data	Source of data	Is it valid and/or reliable?
• • • • •		

GO TO Continuous Evaluation, page 49

Continuous Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 52

GO TO Summation Evaluation, page 53

Summation Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 56

GO TO Action Required, page 57

Action Required

Action to be Taken for the future	Person Responsible for future actions	By When
•		
•		
•		
•		
•		
•		
•		

EVALUATION DESIGN

GO TO Design, page 7

THE DEVELOPMENT OF A HEALTH PROMOTION WORKBOOK FOR AIDS EDUCATION PROGRAMS

Curriculum and Program Planning

Stephen Hobbs

AIDS Calgary Awareness Association

Morris Baskett

Calgary Cluster

A Practicum Report presented to Nova University in
partial fulfilment of the requirements for the
degree of Doctor of Education

Nova University

March, 1994

Abstract of a Practicum Report Presented to
Nova University in Partial Fulfilment of
the Requirements for the Degree of
Doctor of Education

THE DEVELOPMENT OF A HEALTH PROMOTION WORKBOOK FOR AIDS EDUCATION PROGRAMS

by

Stephen Hobbs

March, 1994

AIDS Calgary Awareness Association (AIDS Calgary) has an Education Services Department through which it manages its health promotion program. Until this study, the agency has been without a systematic approach to the design, development, administration and evaluation of health promotion. The major purpose of this developmental study was to develop a valid and reliable health promotion workbook that assists volunteers and staff in implementing a health promotion program.

The development of the health promotion workbook used information gleamed from a review of health promotion, social marketing and AIDS-related literature; consultations with health promotion

practitioners; and workbooks provided by several national health organizations involved in health promotion. The workbook followed a fill-in the blank-box format determined appropriate from the literature and consultations.

The first copy of the workbook was developed through formative consultation with an internal working group from AIDS Calgary. The draft copy and a Workbook Evaluation Instrument were given to three external reviewers for summation comments. Based on all the feedback of the first two groups, a second draft of the workbook was written and resubmitted to the first two groups and a third group of external reviewers.

From the comments of all reviewers, the workbook was determined to be ready for use. They also agreed that the proven validity and reliability of the workbook lies in its use.

Recommendations for improvement of practice included the request to apply process and product evaluation to the use of the workbook to confirm the content and construct validity of the workbook. Further, it was suggested that facilitator support be offered to other departments within the agency who want to use the workbook or to organizations who agree to try out the workbook. The involvement of external organizations would verify the transferability of the workbook. It was also recommended that some thought be given to the computerization of the workbook.

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Chapter 1

INTRODUCTION

AIDS Calgary Awareness Association (ACAA) is a voluntary, non-profit organization engaged in community education of issues related to HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and support of people infected or affected by HIV. In its role to educate the community, AIDS Calgary's Education Services Unit provides information on HIV and AIDS issues by offering impartial and diverse learning opportunities.

The information dispersed by ACAA originates from two primary sources. The first source includes external organizations such as Alberta Provincial AIDS Program (Alberta Health), Calgary Birth Control Association (nonprofit organization) and Calgary Health Services (public institution). The second source is the internal planning and programming of ACAA itself. On many occasions, it is a melding of both external and internal information that forms the basis of the health promotion and education programs offered by AIDS Calgary.

Staff and volunteers within the Education Services unit are involved constantly in disseminating information to different target groups within the community. Each group requires a different message or variation of another be provided. As a result, a plethora of approaches are required to achieve the desired outcome.

Problem of the Study

The process of approaching different target groups in different ways has been hindered by AIDS Calgary's inability to apply a systematic approach to health promotion. In the past, health promotion planning in Education Services consisted of developing a message based on a loose environmental scan of the target group, call a meeting to discuss a few ideas, agree on an idea, and then develop a message. Unfortunately, upon review of the files no record of the thoughts generated nor an evaluation of the process or product of previous evaluations were available. The problem of the study is to understand a systematic approach to generating, and thereafter recording, health promotion information.

Purpose of the Study

The purpose of this study was to develop an appropriate and valid health promotion workbook that assists staff and volunteers in the systematic design, development, administration and evaluation of preventive messages associated with HIV and AIDS awareness. A workbook format was chosen for several reasons. Financially, the written workbook format is cost efficient for the agency in a time of provincial budget cuts. Functionally, it provides a record of the knowledge generated through the development of the message; it provides a consistent format for the comparison of thoughts; it provides a process by which to generate thoughts; it provides a way to analyze the information generated; and, it provides a way to evaluate the appropriateness of the message.

Significance

Building on federal health promotion initiatives outlined in the document Achieving Health for All: A Framework for Health Promotion (Epp, 1986), the international Ottawa Charter for Health Promotion (World Health Organization, 1986) and the Canadian AIDS Society's Health Promotion Program (Canadian AIDS Society, 1993), ACAA's contribution is framed primarily in prevention and support. Of particular interest to this study is the contribution of ACAA to increasing prevention. That is, "stepping up our efforts in public education . . . aimed at reducing the occurrence of preventable illnesses in Canada" (Health and Welfare Canada, 1989, p. 4).

Since 1986, the target groups have become more specific and yet there still exists the need to target the wider community (Health & Welfare, 1990). Of particular importance to health officials is the need to ensure people living with HIV and AIDS are given opportunity to access information on HIV and AIDS issues (Canadian AIDS Society, 1993; Pickel, 1993). With the available drugs to deal with the illness, people who are HIV infected are living longer. They require access to information if they are to make the correct choices for themselves and those affected by their HIV status.

It is the intention of ACAA to promote health concepts that disseminate facts and information for all people to understand HIV and AIDS issues affecting them. To ensure promotion and education work are implemented and evaluated, a systematic approach to developing health promotion messages with follow-up health education programs is required. Such an approach provides AIDS Calgary Education Services with an opportunity to ensure all external stakeholders (funders, government agencies and partner AIDS Service Organizations) involved with ACAA that the organization is doing its part to reach identified target groups in a relevant, effective and efficient manner. In addition, the volunteers and clients (those infected and affected by HIV) who are involved with Education Services can use this approach to develop health messages and activities for different groups.

It is important that volunteers and clients become involved. They are the people who deliver the messages and programs, and/or provide thoughts on what the messages should contain because of their personal experiences. With the systematic approach developed in this study, the personal experiences can be recorded and translated into health promotion messages.

The use of a workbook provides a way to generate more thoughts for consideration in the design and development of preventive messages. For example, the diversity of target group profiles has changed from primarily gay and bisexual men to heterosexuals, in particular young women (Alberta Health, 1993). While gay and bisexual men still make up the greatest number of AIDS cases (Health and Welfare Canada, 1993), the health trends suggest increasing HIV infection in women (Health and Welfare Canada, 1990). Whereas the holistic prevention message delivered to the community is similar for all target groups, there are differences in what and how specific messages can be delivered to gay and bisexual men, and young women.

Relationship between Practicum Topic and Seminar

The development of an appropriate and valid workbook is related to the topics examined in the seminar Curriculum and Program Planning. The implementation and evaluation of health messages relies on the proper design and development of the health messages. These four elements outline a generic curriculum and program planning model (Ornstein & Hunkins, 1988). This systematic model lends itself to the concepts associated with health promotion and social marketing. Utilizing an interactive workbook that outlines health promotion practices provides an approach through which to achieve the desired result.

Research Question

The study process followed a developmental methodology. The research question was "What design criteria should be followed to develop an appropriate and valid health promotion workbook?" In support of the primary product of the study (the workbook), the secondary products included understanding the difference between health education and health promotion, and its usefulness in supporting the Education Services' work. In addition, the workbook is thought to have application in other units of the agency to assist staff in their delineation of key work concepts. For example, the Fund Development Unit works with two major concepts. They are fund development (like health promotion) and fund-raising (like health education).

Chapter 2

REVIEW OF THE LITERATURE

Information for this chapter originates from three sources. The most immediate source is the HIV and AIDS literature. As a recent inclusion in the literature, the subject of HIV and AIDS, and the discussion of their theories and practices has burst on the scene. The proliferation of literature is unprecedented for the length of time the illness has been reported. The second source is health promotion/social marketing literature. This literature outlines the basic tenets of why and how to organize health promotion approaches and programs through a systematic approach. The final source of information is curriculum and program planning, and technical writing literature. This literature provides insight into the criteria useful to the design of a workbook.

HIV and AIDS

Since the inception of the Gay Men's Health Crisis agency in New York (Clausen, 1989) in 1983, the HIV and AIDS movement has grown throughout United States and Canada. In Canada, 93 community-based AIDS Service Organizations (Canadian AIDS Society, 1993) opened their doors, providing education and/or support services to HIV infected and/or affected people. These AIDS Service Organizations (ASOs) are loosely banded under the auspices of the Canadian AIDS Society (CAS). While maintaining autonomy in their respective jurisdictions, the ASOs rely on CAS to initiate federal lobby efforts through direct contact with the federal Ministry of Health or indirectly through the AIDS Secretariat. In addition, CAS supports local efforts through nation wide promotion and education programs such as AIDS Awareness Week.

From a national to local perspective, the number of AIDS cases (which are reported), and the rate of HIV infection (which is not reported and therefore is speculative) are still increasing (Alberta Health, 1993). With another five to ten years of diligent promotion and educational effort, it may be possible to determine if a difference in the epidemiology of the illness can be determined. The delay in evaluation is a reflection of the pathology of the illness (Remis & Sutherland, 1993) and the behaviour of people.

Due to the way in which HIV manifests itself, it is possible for people to be infected without them knowing they are infected. With continuance of unsafe practices by some of those infected, the virus is still transmitted from one person to the next. Therefore, promotion and education about HIV and AIDS are for those who are infected and for those at risk.

As the illness progresses, it is clear that the virus does not discriminate. HIV is "behaviorally" transmitted through unsafe practices. Therefore, no segment of the community is any less vulnerable than another. Since its identification in 1983, HIV was reported primarily in the homosexual and needle sharing communities. Now it has moved into the heterosexual population, especially amongst heterosexual women (Remis & Sutherland, 1993).

Within the homosexual community aggressive promotion and education campaigns initiated a greater caring by the community for its members. However, the incidents of HIV infection amongst young gay men is once again increasing (Myers et al., 1993). Dissemination of information by the gay community, in collaboration with ASOs, is necessary. Myers' et al. (1993) national study of the knowledge, attitudes and practices of gay and bisexual men concluded more effort to educate men who have sex with men is required sooner rather than later.

Part of the increase amongst women is attributed to the collective voice of women wanting to become involved actively in their health (ACT-UP, 1990). This call to action has raised awareness of the effect and affect of the illness. More women are coming forward to provide additional information on the manifestation of HIV in women. Until recently, the medical diagnosis has been based primarily on the male experience (Richardson, 1988).

From the long term case study diagnosis of women who are HIV infected, it appears that the self esteem concept of a woman is an important variable in transmission. Parallel findings are found with other sexually transmitted diseases. It appears that the skills to negotiate safer practices is more difficult amongst some women who feel marginalized already. According to some women writers, it is still a man's world. The pursuit of safer practices, while it is becoming the responsibility of both men and women, is many times thrown out if the women is unable to negotiate properly (Richardson, 1988; ACT-UP, 1990).

With the increase in HIV infection; with people living longer with HIV and AIDS; and without a cure in sight, promotion and education remain the best ways of alerting people to live with the illness safely (Decosas, 1993). The entire gambit of formal, informal and nonformal techniques for disseminating information have and continue to be used (Sabatier, 1989). Some specific programs have met with success while others have been fraught with discouraging results (World Health Organization, 1991; Taylor & Henderson, 1992).

Of primary importance in the success of HIV and AIDS promotion and education programs is understanding the adult's perception of the illness, and the risk an individual is willing to take with regards to HIV transmission (Sabatier, 1989; Gillies & Carballo, 1990). With this understanding it is possible to determine the best dissemination technique. According to Gillies & Carballo (1990), there are two principal reasons for targeting groups of individuals for health activities, namely effectiveness (doing all the right things) and efficiency (doing all the things right). And conversely, they offer two major drawbacks to targeting. First, by targeting groups of individuals it is possible to engender social ostracism and stigmatization, thus forcing individuals underground. Secondly, by targeting, it is the "tendency of those not targeted to perceive themselves as 'safe' from HIV transmission" (p. 943) and thus a measure of complacency develops. However, as Gillies and Carballo (1991, p. 943) concluded, "these drawbacks are secondary [yet not to be ignored] to introducing effective means to prevent and control the spread of HIV globally within budgetary constraints."

Health Promotion/Health Education

In pursuit of the effective and efficient ways and means of presenting and controlling the spread of HIV, ASOs have and continue to utilize the concepts and processes of health promotion and health education (Trussler & Marchand, 1993). Green & Kreuter (1991, p. 4) defined "Health Promotion [as] the combination of educational and environmental supports for actions and conditions conducive to health." Therefore this term is used complementary with health education which is "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991, p. 4).

The World Health Organization definition of health promotion is "A process of enabling people to increase control and improve their health" (as recorded in Wardrop, 1993) This definition is one of the "most widely used definitions" (Wardrop, 1993, p. S9). Within Canada, the Health Promotion Directorate of Health and Welfare Canada (which has undergone a name change in 1993 to Health Canada) and the Canadian Public Health Association all use the definition in full or with some slight modifications.

From these definitions, health promotion can be considered a more encompassing initiative that "is holistic, expansive, and inclusive; it places the individual in context, and it emphasizes the need to increase community control over the circumstances that influence people's health" (Health & Welfare, 1993). In other words, health promotion outlines an ecological health framework that works towards health promoting activities (Milio, 1986). Health education, on the other hand, deals with "systematically planned [educational] activities" (Green & Kreuter, 1991, p. 17). In this regard, health promotion refers to the generic knowledge to attitude (societal) linkage whereas health education refers to the specific attitude to behaviour (individual) linkage.

Over the past twenty years, many theories and models have been proposed to explain health knowledge, attitudes and behaviours (Gillies & Carballo, 1990). In context to HIV and AIDS, the Health Belief Model (Bean et al., 1989; Petosa & Wessinger, 1990) has been used in its entirety or modified to the particular study methodology. The Health Belief Model has also been shown to be less than useful for HIV and AIDS issues (Brown, DiClemente, Reynolds, 1991). In terms of its original design and subsequent modifications, the Health Belief Model provided some ideas for the health promotion workbook.

Smith & Lathrop (1993) utilized the PRECEDE-PROCEED model (Green & Kreuter, 1991) to explain HIV and AIDS initiatives under way in their health services organization. According to Green & Kreuter (1991), their model integrates many of the previous theories and models of the past twenty years.

Myers et al., (1993) used the Theory of Planned Behaviour in a Canadian study of gay and bisexual men. This theory "is currently viewed as one of the best efforts for integrating the findings of the past two decades of social psychology research" (Myers et al., 1993, p. 6). Both the PRECEDE-PROCEED model and the Theory of Planned Behaviour Model provided additional ideas for the development of the health promotion workbook as the final product of this practicum.

To this point in the chapter health promotion and health education have been reviewed together. At this juncture more emphasis will be placed on the topic of health promotion. This shift reflects the purpose of the study. However, the change in focus does not preclude the need to understand the role of health education in supporting health promotion initiatives. "Experience over the past decade has shown that by itself, information [of HIV transmission and prevention] is insufficient to change behaviour" (Mann, Tarantola, & Netter, 1992).

Social Marketing

A contributing methodology supporting health promotion strategies is the concepts and processes of social marketing. With its introduction by Kotler & Zaltman (1971) and Zaltman & Vertinsky (1971), social marketing has been associated in some form or another with health promotion (Mintz, 1988; Young, 1989). According to Kotler & Andreason (1991, p. 427):

> Social marketing is the application of generic marketing [that is, creating, building and maintaining exchange (p. 404)] to a specific class of problems where the object of the marketer is to change social behaviour primarily to benefit the target audience and the general society.

Social marketing adapts the traditional concept of marketing a product to customers to marketing a social idea to customers (Kotler & Andreason, 1991). Following the "4P" elements of marketing of price, product, place and promotion (Tanquay, 1988; Mintz & Steele, 1992), social marketing proponents have added at least three more "Ps". They are producer, purchaser, and probing (Fine, 1990).

Young (1989) concluded that social marketing's contribution to health promotion is as a tool, a way of thinking. He makes a comparison between social marketers/health promoters and health educators based on the working assumptions of both. "Health educators start with : If only *they* knew more about *this!* [whereas] Social Marketers/Health Promoters start with: If only *we* knew more about *them*!" (Young, 1989, p. 3).

This form of marketing is used in many diverse situations including volunteer resources management (Shapario, 1992); occupational health and safety (Golaszewski, 1992); and other health problems such as smoking

(Sopfian, 1991). Social marketing's contribution to the HIV and AIDS movement includes promoting condom use and distribution (Wagman, 1993), and safer practices whether sexual or sharing needles (Brown, Waszak & Childers, 1990). In addition, concepts associated with "living with HIV and AIDS" has been promoted to alleviate fear of working with someone who is infected or affected (Canadian AIDS Society, 1990).

Systems Approach

Of particular importance to the successful implementation of a health promotion program is the application of a systems approach. Such an approach ensures the work is methodical and completed according to a plan (Barnsley & Ellis, 1992). Social marketing lends itself to this approach (Tanquay, 1989).

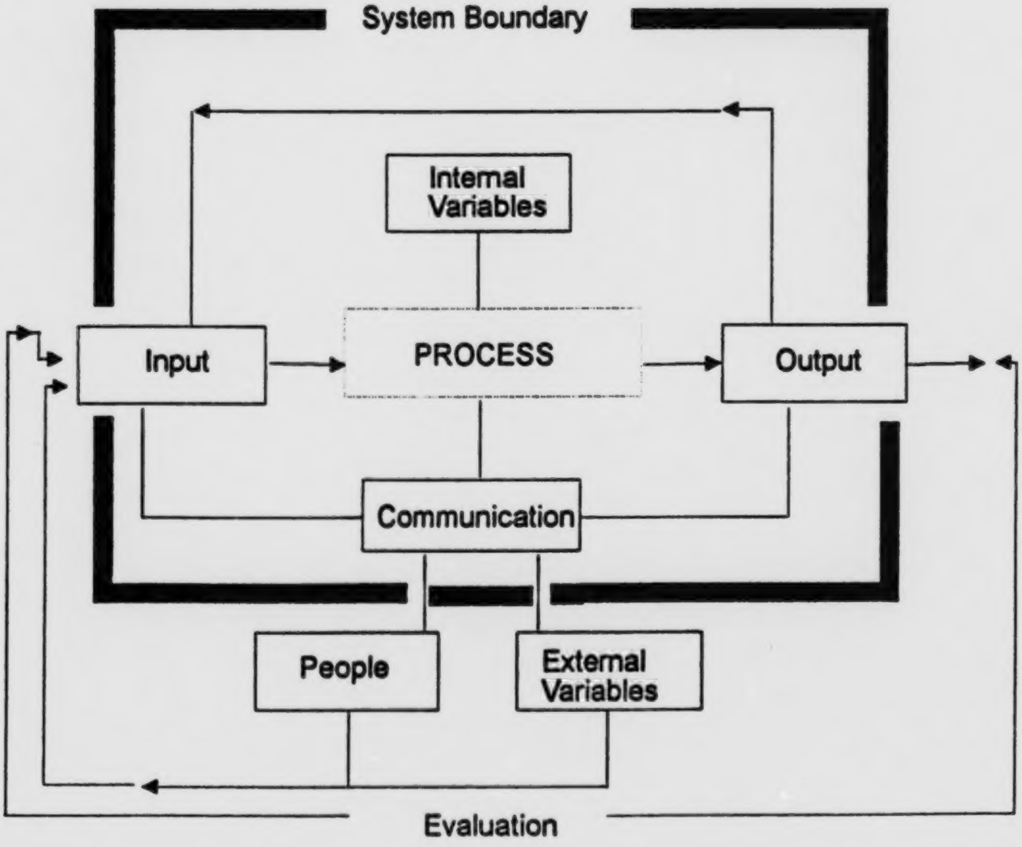
Briefly stated, the systems approach utilizes inputs that are processed to create outputs. This relationship is shown in Figure 1 and explained in Appendix A. The added component of communication ensures that what is done is known. With the overlay of social marketing elements, the systematic social marketing approach is shown in Figure 2. The generic systems approach, with its social marketing overlay, were used in the development of the health promotion workbook.

According to Senge (1990), the systems approach (or the "discipline of systems thinking") contributes to a learning organization designation. For any organization to understand where and what it wants to do in the future, it needs to understand what it has done in the past and what it is doing in the present. The application of systems thinking provides a practice to answer these questions. Utilization of a systematic approach can provide the user (or organization) with a record of the knowledge generated through the development of the message; a consistent format for the comparison of thoughts generated by participants; a process by which to generate thoughts; a way to analyze the information generated; and a way to evaluate the appropriateness of the message.

When applying the social marketing system, it is important that a learning organization involved in health promotion (Health & Welfare, 1992) know what it has done, what it is doing now, and what it intends to do once the health promotion program is started. In other words, the organization needs to adopt an "open systems" rather than a "closed systems" approach (Myers, 1988; Kazemek & Kazemek, 1992) that involves all the players involved in the health promotion program. Past successes or failures in HIV and AIDS health promotion can be attributed to improper systems application (Coyle, Boruch & Turner, 1991; Stintson, 1993).

Figure 1.

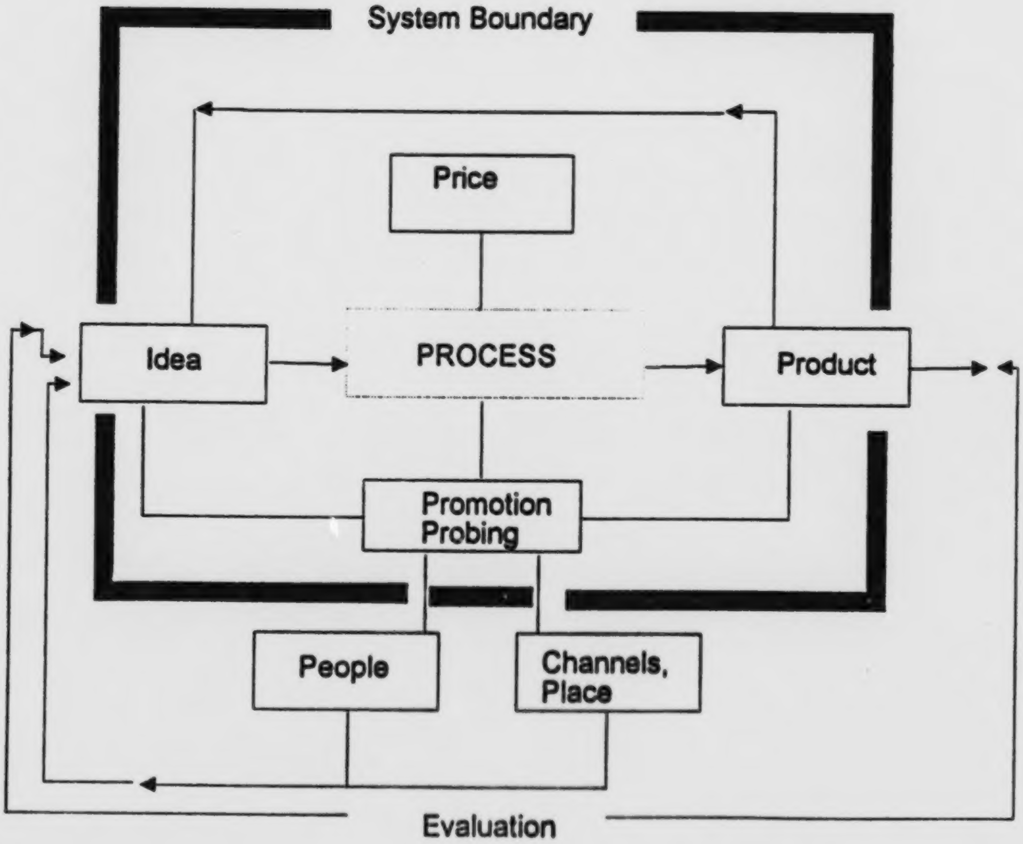
Outline of a Simple Systems Model


System Boundary
Internal Variables
Input
PROCESS
Output
Communication
People
External Variables
Evaluation

Source: Author

Figure 2.

Overlay of Social Marketing Approach on the Systems Model


System Boundary
Price
Idea
PROCESS
Product
Promotion
Probing
People
Channels,
Place
Evaluation

Adaptation of Figure 1 including ideas from Tanquay (1989), Fine (1990) and Mintz & Steele (1992).

Workbook Design and Development

In order to apply the systematic approach to health promotion, a form of documentation or knowledge development (Rootman, 1989) is required. Two broad types of documentation exist. First, computers run knowledge generators and idea simulation software that supports human interaction with the information input. The second form of interaction is hand written manipulation of information through the use of a manual or workbook.

Based on available resources within AIDS Calgary, the workbook format was chosen to guide the health promotion initiatives. Therefore, the characteristics of a "good" workbook are required to construct the manual. Davis, Gray & Halley (1990) and Stoneall (1992) provided insight into the characteristics of a "good" workbook. Hobbs (1993) constructed a Manual Evaluation Instrument (MEI) form integrating curriculum and program planning, and technical writing literature. The MEI was used in the construction of a Workbook Evaluation Instrument.

Ornstein & Hunkins (1988) provided an outline of a generic four part curriculum and program planning model. The four parts are design, development, implementation (or substitute administration) and evaluation. These components are essential in a systematic approach to designing a curriculum, a program or in the case of this study, a health promotion message.

Other manuals and workbooks available on the market use various approaches and interactive formats. Bellingham, Elias & Tager (1993) developed a comprehensive, culture-based approach for their generic health promotion manual. Their view of culture relates to organizational culture. The format of the their manual is non-interactive.

The Ontario Ministry of Health (no date) outlined their systematic approach following a "step analogy". They developed an eleven step format to follow. Again, their manual was non-interactive.

A third workbook format was known to the author after a HIV/AIDS health promotion work assignment in Uganda, Africa. Its interactive format allows the user to fill-in the blanks to HIV and AIDS-related questions in a methodical way. Because this document's source is unknown, the document has been included as Appendix B.

Summary

The literature review for this study considered three topics. First, the social issue of HIV and AIDS was addressed. As a pandemic infecting and affecting more and more people every day, health promotion and health education campaigns are tantamount to the success of eradicating its transmission and dispelling its myths. The second topic reviewed was social marketing. As a way to systematically approach the preparation of health promotion messages, its process and output components can help an organization to understand what it has to do to ensure successful health promotion.

The third topic considered the features for developing a workbook to record and evaluate the health promotion messages. The curriculum and program planning literature provided insight into a Workbook Evaluation Instrument and formats of manuals and workbooks available on the market.

Chapter 3

METHODOLOGY AND PROCEDURES

The study followed a developmental methodology as outlined in Figure 3. The research question was What design criteria should be followed to develop an appropriate and valid health promotion workbook? Critical to the development of the workbook was to integrate the design feature of user interaction. It was important that a person be able to use the workbook to generate ideas, and to record the discussions and results for evaluation purposes.

To compile the manual required the integration of two separate procedures (see Figure 3). The first procedure established the process and content information on health promotion and social marketing to be included in the workbook. The second procedure established the construct characteristics of a "good" workbook. Both procedures required literature reviews and discussions with people knowledgeable in both topics. With regard to the draft and final copies of the workbook, verifications by external and internal reviewers were required. Detailed descriptions of each procedure are outlined below.

Figure 3.

Outline of the Study Methodology

CONTENT: Health Promotion Information	CONSTRUCT: Good Manual Information
• conduct a literature review • request information from health promotion practitioners • request information from organization using health promotion	• conduct a literature review • choose/modify a Workbook Evaluation Instrument • verify the instrument with external reviewers

▼
▼

- decide on format of the workbook according to the "good" manual/workbook elements, and a review of workbooks found during the literature search or made available by health promotion practitioners
- develop the workbook with the health promotion information found during the literature review and made available by experienced health promotion practitioners

▼
▼

- provide the internal and external reviewers with a copy of the Workbook Evaluation Instrument to guide their review of the workbook (for content and construct validity)
- seek final approval by the reviewers
- present the manual to the Management Team of the agency for agency approval

Health Promotion Workbook

The content and process information on health promotion and social marketing were taken from a review of the AIDS education, health promotion and social marketing literature. The key search words were health promotion, social marketing and systems approach.

Additional information was requested from six health promotion practitioners known to AIDS Calgary through public education networks. Three of the practitioners operated external to HIV and AIDS issues and three were directly involved in HIV and AIDS issues. During the consultation, the practitioners confirmed and/or commented on workbooks found during the consultation process and/or the literature review. If practitioners used their own form of a workbook, information as to the possible origins of their workbook, and why and how they used the workbook were collected. The review of workbooks assisted with the format choices for the health promotion workbook developed during this study.

Ten national health organizations identified by the Health Promotion Directorate, Health and Welfare Canada (1992) were sent a letter requesting information on their health promotion process. A copy of the letter and the organizations selected are found in Appendix C.

Workbook Criteria

The construct characteristics of a "good" workbook were taken from the curriculum and program planning literature. A Manual Evaluation Instrument (Hobbs, 1993) developed for evaluating manuals was reviewed to determine its application to evaluating a workbook. Several adaptations were made to rework the instrument to include the user interaction criteria of a workbook. The adaptations resulted in the Workbook Evaluation Instrument (WEI).

The WEI was submitted to two reviewers knowledgeable in manual and workbook design. They were asked to comment on the applicability of the instrument. Their acceptance of the instrument verified the construct validity of the instrument. Their confirmation of the instrument also provided additional criteria for guiding the development of the health promotion workbook.

Integration of Procedures

Combining the content and construct elements described above, resulted in a draft version of the workbook. This workbook was submitted to three health promotion practitioners, all of whom were consulted earlier in the process. These reviewers were given the WEI to guide their validation. Three of the original six practitioners were unable to continue with the study due to their work commitments.

In addition to the practitioners, two Education Services staff and three volunteers involved with health promotion and health education working groups within Education Services were asked to review the workbook. The Executive Director of the agency was given a copy to provide comments as well.

As a result of the first evaluation, revisions were made and a second evaluation was conducted with the same external and internal reviewers. From the results of this second evaluation, revisions were made. Three additional external reviewers who had health promotion and/or marketing experience were asked to review the document confirm its usability and readability. The additional reviewers confirmed the external validity of the workbook. More importantly, their comments verified the content and construct validity of the workbook.

From the results of all validations, the necessary revisions were made. A final copy was prepared for submission to the Management Team. This group provided management approval for the workbook on behalf of the agency.

Assumptions

Three assumptions were made in order that the study proceed.

First, the health promotion workbooks found during the literature review, and after consultation with practitioners, were field tested. That is, the practitioners who provided written and/or verbal feedback confirmed the applied usefulness of the workbook.

Second, the six external practitioners who reviewed the product of the study were able to make a correct assessment of the document produced. Likewise, the internal reviewers from within AIDS Calgary provided a correct assessment. In the case of weighting of opinion, more emphasis was placed on the external practitioners who provided external validity for the study.

A third assumption dealt with the WEI. After consultation with experts in workbook design, their comments confirmed the usefulness of the WEI for the study. Therefore, the instrument was thought to be valid and reliable.

Limitations

Two limitations existed with regard to the study. First, the message developed through the use of the workbook may or may not be the correct message for the target audience chosen. However, errors in the output of the workbook process does not mean there is fault with the process itself. Possibly the inputs into the workbook and/or the decisions making used in the creation of the message are faulty. Therefore, some variation in the intended use and the actual use can be attributed to a number of variables internal and external to the system outlined in the workbook.

The second limitation considers the perceived time required to develop a health message through such a workbook. Because of the detail to be considered in the development of the message, some staff and volunteers may see unnecessary time be given to thinking rather than practising. However, it is anticipated that with the use of the systematic approach to health promotion, the messages will be correct the first time and thus require little, if no revision.

Definitions

In this study, a workbook for designing and developing HIV and AIDS health promotion messages is defined as an user friendly, interactive document used to outline the process for creating preventive health messages for a target group. Health promotion refers to "the combination of educational and environmental supports for actions and conditions of living conducive to health" (Green & Kreuter, 1991, p. 4). Health education refers to "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991, p. 17). Social marketing refers to a contributing process to health promotion where effecting a social behaviour in society is the object of the marketing discussions.

Chapter 4

RESULTS

The product result for this study was a health promotion workbook. With the identification of "good" workbook criteria, health promotion and social marketing concepts found during the literature review and after consultations with health promotion and/or social marketing practitioners were integrated. The information helped formulate the systematic approach outlined in the health promotion workbook. Therefore, the two procedures outlined in Chapter 3 became interdependent.

Workbook Evaluation Instrument

The Workbook Evaluation Instrument (WEI) maintains many of the characteristics of its counterpart the Manual Evaluation Instrument (Hobbs, 1993). Adjustments were made to the Manual Evaluation Instrument to account for the interactive nature of the workbook format. The WEI was verified by two external reviewers. The first evaluator works as an entrepreneur in curriculum design and program development. This evaluator has considerable practical experience in writing and using manuals. The second evaluator works in a technical college in Calgary. As head of the Medical Sciences Department, this evaluator has many opportunities to read and approve many manuals and workbooks. Both reviewers provided comments that help reformat the instrument. A copy of the Workbook Evaluation Instrument appears in Appendix D.

Preparation of the Workbook

In the construction of the workbook it was important that the document be user friendly. The workbook format serves as generator (theoretical questions) and recorder (practical responses) of the information derived through the design, development, administration and evaluation stages of the workbook's application. Therefore, its construction had to provide sufficient room to achieve both purposes. Other relevant characteristics for the workbook were taken from the WEI that was used by the reviewers to determine the construct and content validity of the workbook.

The intended users of the workbook included volunteers who had limited, if not, no experience in health promotion and social marketing. Therefore, it was important that the workbook be clear and concise in its readability, and simple in its usability.

With the decision to use an interactive workbook format, it was helpful to review other workbooks and manuals found during the literature review; sent by three national organizations involved with health promotion; and identified by health promotion practitioners. From a combination of all sources, several hints as to the process within the workbook were obtained.

One noteworthy idea identified during the document review was the single topic - single page concept. This concept in combination with a bold pagination format provided the directional flow for the workbook. One manual included a figure at the beginning of each step to highlight the position of the workbook page in view of the overall process. Each manual and workbook reviewed varied in the amount of interactivity with the documentation. However, the suggestions by practitioners, and after review of those documents identified to be most helpful, it was decided to use the fill in the blank-box format for the health promotion workbook.

With these design features in mind, each page of the workbook outlined one concept to work with and through. For the most part, the left hand page contained reference notes and suggested prompt questions to explain that component of the workbook. The right hand page was given to record the ideas stimulated by the left hand page. It is possible with some adjustments to switch the left and right hand pages to accommodate a left handed writer.

With regard to picture references, on the bottom of the right hand page a statement was made as to the placement of the work page in context to the entire manual. This statement provided the user with a reference as to where in the overall process the user was located.

The generic four part curriculum and program planning model outlined by Ornstein & Hunkins (1988) provided the section headings for the workbook. The systems approach associated with the social marketing provided ideas for the component headings for each of the sections. The section headings and components headings are found in Figure 4. Additional component headings were suggested after consideration of the World Health Organization model (Wardrop, 1993) and the PRECEDE-PROCEED model (Green & Kreuter, 1991).

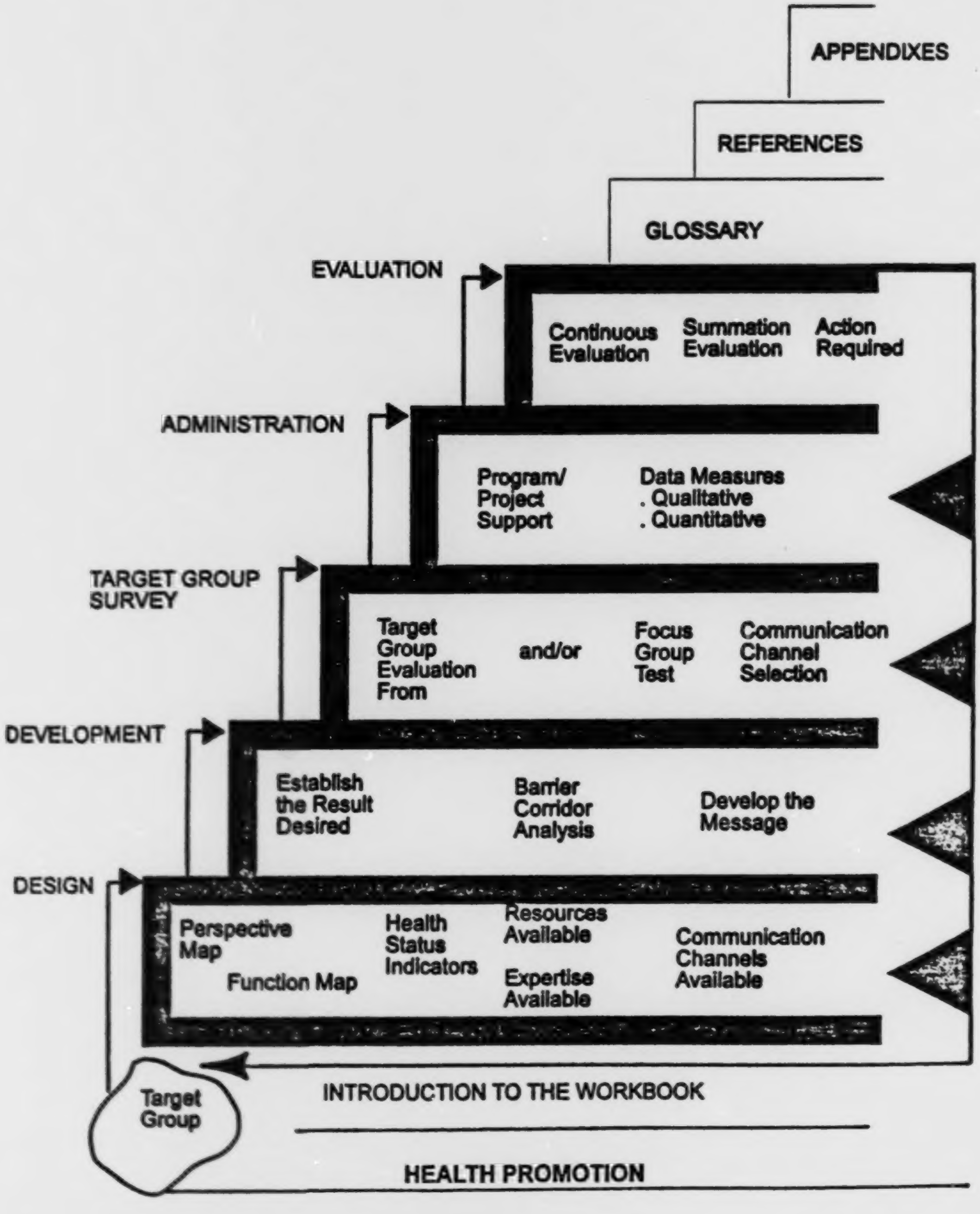
The workbook found in Appendix B provided useful ideas as to the lay out of the workbook. Its interactive, fill-in the blank design allows the user to record ideas. This workbook supports the concept of social marketing described in Kotler & Zaltman's (1971) model as discussed further by Tanquay (1988). The decision to use the fill-in the blank-box format was confirmed through the review of this resource material.

Health Promotion Content

The literature review and consultations with health promotion practitioners provide ideas pertinent to the specific content of each section

Figure 4.

Guide Map: Outlining Section and Component Headings for the Workbook


APPENDIXES
REFERENCES
GLOSSARY
EVALUATION
Continuous Evaluation
Summation Evaluation
Action Required
ADMINISTRATION
Program/ Project Support
Data Measures
. Qualitative
. Quantitative
TARGET GROUP SURVEY
Target Group Evaluation From
and/or
Focus Group Test
Communication Channel Selection
DEVELOPMENT
Establish the Result Desired
Barrier Corridor Analysis
Develop the Message
DESIGN
Perspective Map
Function Map
Health Status Indicators
Resources Available
Expertise Available
Communication Channels Available
Target Group
INTRODUCTION TO THE WORKBOOK
HEALTH PROMOTION

of the workbook. According to three of six practitioners consulted, the PRECEDE-PROCEED model was the preferred choice to guide their activities.

The workbook in Appendix B provided content for each of the section components as well. Additional words and concepts found within the workbook were designed by the author. For the past several years, the author has been developing a learning framework for organizations. This framework was used in part to guide the content selection and the organization thereof.

As will be reported later, some reviewers had trouble with the use of language. Their comments were directed at words used within the design phase of the workbook. In an effort to clear up these differences in words, a declarative statement was placed in the final product acknowledging the use of the author's original framework. Then every effort was made to explain terms that were identified as confusing.

The literature review identified social marketing concepts that were integrated into the sections of the workbook. A full description of the social marketing "7Ps" were included in the administration section. Because the workbook does not describe the entire implementation of a health promotion program, it was decided to acknowledge the "7Ps" in a way that suggested the user investigate this section further on their own.

Evaluator Review

The workbook itself, once compiled, was reviewed by three groups of people. They were the Internal Workbook Working Group (staff and volunteers at AIDS Calgary); and two groups of external reviewers who had health promotion experience and/or workbook development experience. The results of the internal review are found in Table 1 and the external reviews are found in Table 2 and 3. Commentary pertinent to the tables is explained in the following text.

The Internal Workbook Working Group, was made up of two staff and three volunteers involved in the Education Services Department of the agency and the Executive Director. The working group members became the FORMATIVE reviewers for the study. From the inception of the workbook construction, these reviewers were presented with preliminary drawings and excerpts from the workbook. As the document became more complete, the group was given the WEI (Appendix D) and the first draft copy of the manual. With their first reading of the workbook, several minor adjustments were made to clear up language and sentence structure mistakes (see Table 1). Because two reviewers felt the numbering system was cumbersome, they reserved final judgement until validation by the external reviewers.

At the same time the staff and volunteers read the first draft, three external reviewers involved from the beginning of the study were given the WEI and a draft copy. The reviewers represented North West Territories Health Promotion Practitioner (HIV and AIDS part of the practitioner's portfolio); Health and Welfare Canada, Health Promotion Practitioner (portfolio specific to HIV and AIDS); and Real Estate Board Marketing Coordinator whose job responsibilities include workplace health promotion. The reviewers provided SUMMATION comments that are summarized in Table 2.

Of particular importance to the external review was the consistent acknowledgement of the user friendly characteristic of the workbook. As one evaluator mentioned "Good mix between theory and practice . . . appears solid. However, the proof is in the use."

The reviewers suggested minor adjustments to langauge and sentence structure. One evaluator mentioned confusion in the use of some of the descriptor words. In discussion with this evaluator, clarification was provided in the identification of the original work of the author within the development of the workbook. To reduce confusion for subsequent users it was suggested that a declarative statement about the author's original

Table 1.

Validation by Internal Reviewers

Workbook Element	Yes	No	Comment Code
	n = 6		
Introduction	6	0	
Table of Contents	5	1	A
Overall Structure	6	0	
Numbering	4	2	B
Readability	4	2	B
Content	6	0	

Comment explanations:

A) one person suggested it may be complicated

B) two suggested the numbering may be complicated and thus affects the readability of the workbook

Recommended Changes: possible use of simpler numbering system
Recommended Additions: none
Recommended Deletions: none

Comments: - agreed the workbook can be given to external reviewers for comment

Table 2.

Validation by External Reviewers, Group 1

Workbook Element	Yes	No	Comment Code
	n = 3		
Introduction	3	0	
Table of Contents	1	2	A
Overall Structure	1	2	B
Numbering	1	2	C
Readability	1	2	C, D
Content	1	2	E

Comment explanations:

A) requires some simplification, as
B) numbering system is complicated
C) simplify number system
D) confusion in the use of the fold out pages because of the description given, need for additional space
E) confusion in the use of some words . . . Perspective and Function Map

Table 2 continued on next page

Table 2 (Cont.)

Recommended Changes:	use of simpler numbering system, revisit the use of words used in the workbook
Recommended Additions:	none
Recommended Deletions:	the complicated numbering system

Comments: - agreed the workbook can be given to second review group for comment with above mentioned changes

work be placed in the workbook.

In all cases, comments were made about the pagination format. It was suggested to simplify the coded format even though it was somewhat helpful in placing the individual page in context to the overall workbook process. The coded format was seen as cumbersome. Other suggestions as to amount of space for recording information were dealt with by acknowledging the addition of extra pages at the conclusion of the workbook that could be photocopied and inserted where required. From the comments of the staff, volunteers and external reviewers a second draft was prepared and distributed to the same reviewers. Again minor changes were suggested and incorporated. These reviewers signed the WEI to signify the workbook was ready for use.

To ensure the content and construct validity of the workbook, a second group of external reviewers were sent a second draft copy of the workbook with the WEI. Their comments are outlined in Table 3. The second group of reviewers consisted of representatives from two different entrepreneurial organizations involved in health promotion and social marketing and a third evaluator from a non-profit who had experience in communications including health promotion and fund development.

The three reviewers agreed the workbook was usable. However, one evaluator suggested that the importance of matching the health promotion message with the target group discussion be expanded. Other minor grammatical and sentence adjustments were suggested and corrected. They also signed the WEI validating the workbook.

Final Review

With the final adjustments made to the workbook, it was presented to the Management Team of the agency. As the group responsible for the overall management of the agency it was important to obtain their approval of the document. Because they represent the different units in the organization, the managers' approval would make it easier to discuss the transferability of the workbook to other departments. In its presented form, the Management Team approved the workbook.

Table 3.

Validation by External Reviewers, Group 2

Workbook Element	Yes	No	Comment Code
		n = 3	
Introduction	3	0	
Table of Contents	3	0	
Overall Structure	3	0	A
Numbering	3	0	
Readability	3	0	
Content	3	0	B

Comment explanations:
A) consider placement of picture at the beginning of each new section re: Guide Map of the workbook
B) expand on the importance of matching promotion message to target group

Recommended Changes: as above
Recommended Additions: none
Recommended Deletions: none

Comments:
- very thorough cross-checking methods and means of evaluating both the process and progress of the program
- agreed the workbook needs to be tested for usefulness

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

The health promotion workbook that is the practicum product for this development study resulted from the accumulated thoughts taken from numerous sources. The AIDS related literature provided content information on the application of health promotion and social marketing. Six health promotion practitioners and three national organizations involved in health promotion provided their views and suggested workbook models for stimulating both content and construct ideas for the product of this study. Additional ideas for the construct of the workbook were taken from curriculum and program planning literature.

In consultation with an internal working group of staff and volunteers of AIDS Calgary, many drafts of the workbook were developed and reviewed. Through this FORMATIVE development of the product, many ideas were suggested, agreed upon, and used. An equal proportion of ideas were discarded including the computerization of the product.

From the beginning of the study, six health promotion practitioners were involved in providing ideas. Of this group, three were able to continue with the first and second reviews of the workbook. A second group of reviewers were asked to validate the second draft of the product. This second group verified the findings of the volunteers and staff, and the first group of external reviewers. The Management Team of AIDS Calgary provided management approval for the workbook

Conclusions

The formative process used in the development of the workbook was determined to be a useful way to engage staff and volunteers in the development of products like the workbook. Their review of resource material and subsequent articulation of their thoughts helped in their learning about the subject. Their involvement allowed them input into something that will affect them later.

According to all reviewers involved with the study, they agreed the workbook was ready for use. Based on their suggestions at various stages of their involvement, the content and construct elements of the workbook were refined till the content was complete and the construct satisfactory. However, there were some cautionary comments. In an attempt to combine the best of all concepts found during the literature review and obtained from consultations, the final document may be cumbersome in its eventual use. The only way to know if this observation was valid, is to use the workbook, and carry out a product and process evaluation of the product.

The reviewers thought the workbook supports the development of health messages for a health promotion program. The messages gleamed from the use of the workbook will benefit, not only the health promotion program of AIDS Calgary, but also other programs offered by other AIDS Service Organizations working in partnership with AIDS Calgary. These secondary outputs include understanding how the health promotion workbook operates as a knowledge generator and record keeping tool, and how its generic format can be transferred to other departments within the organization or elsewhere.

The primary user for the workbook were volunteers and staff involved in health promotion and health education programs within AIDS Calgary. Therefore, care was taken to ensure the workbook was clear and concise, and the design was simple and usable. After numerous drafts and reviews by the external reviewers, agreement was reached that the workbook was usable.

Implications

Involvement of the staff and volunteers from the beginning of a development project provides for their personal development. By actively understanding the development methodology used for the workbook and based on their review of resource material, they have accessed information they may otherwise have missed. The ownership level for the ideas expressed in the workbook and its implied use are strengthen by involvement of staff and volunteers.

The book provides for a systematic approach for staff and volunteers to work on the development of health messages. Sharing a similar approach can help with discussions on the strengths and weaknesses of the message developed. However, it is important to remember that the use of the workbook does not guarantee that the message developed will be acceptable to the target audiences. Therefore, evaluation research will be required to ensure the appropriateness of the message at a later time.

For practitioners who involved themselves in this study, it is possible that the workbook could be modified for their environment. If so, the transferability of the product adds to the validity and reliability of the study.

One of the limitations of the study was the perceived cumbersome nature of the workbook. The external reviewers also commented on this point. This implication will be known with the application of the book.

With the involvement of another organization to test the transferability of the workbook, it is essential that the organization have a working knowledge of health promotion concepts. The workbook, in and of itself, is not a compendium of health promotion concepts nor a complete health promotion systems outline. It is one approach to stimulate discussion, and thereafter, record the ideas.

In the use of the manual, it was suggested that facilitator support be given to staff and volunteers within AIDS Calgary until such time as final revisions are made. The same facilitation support was suggested for another organization willing to verify the transferability of the workbook to another situation and/or context.

Recommendations for the Improvement of Practice

What has become increasingly clear as the study progressed was the need for a trial run to test the practical usefulness of the workbook. Therefore, it is recommended that the workbook be tested. This situation will require the application of an appropriate evaluation methodology to ensure construct and content of the workbook.

To ensure the proper application of the workbook, it will be helpful to have facilitator support. Any one of the Internal Working Group who provided formative support could undertake this role. Their willingness to share the how and why with another group provides continuity for use of the workbook. Their involvement will also help with the identification of revisions of the workbook. It is recommended that the first full trial run be facilitator supported.

To add to the external validity of this product, it is recommended that the workbook be given to another organization to use. Such a request has been made by one of the first group of reviewers. With their operational evaluation of the workbook, a greater degree of certainty is obtained in the transferability of the workbook. This external use of the workbook will verify the content and construct of the workbook.

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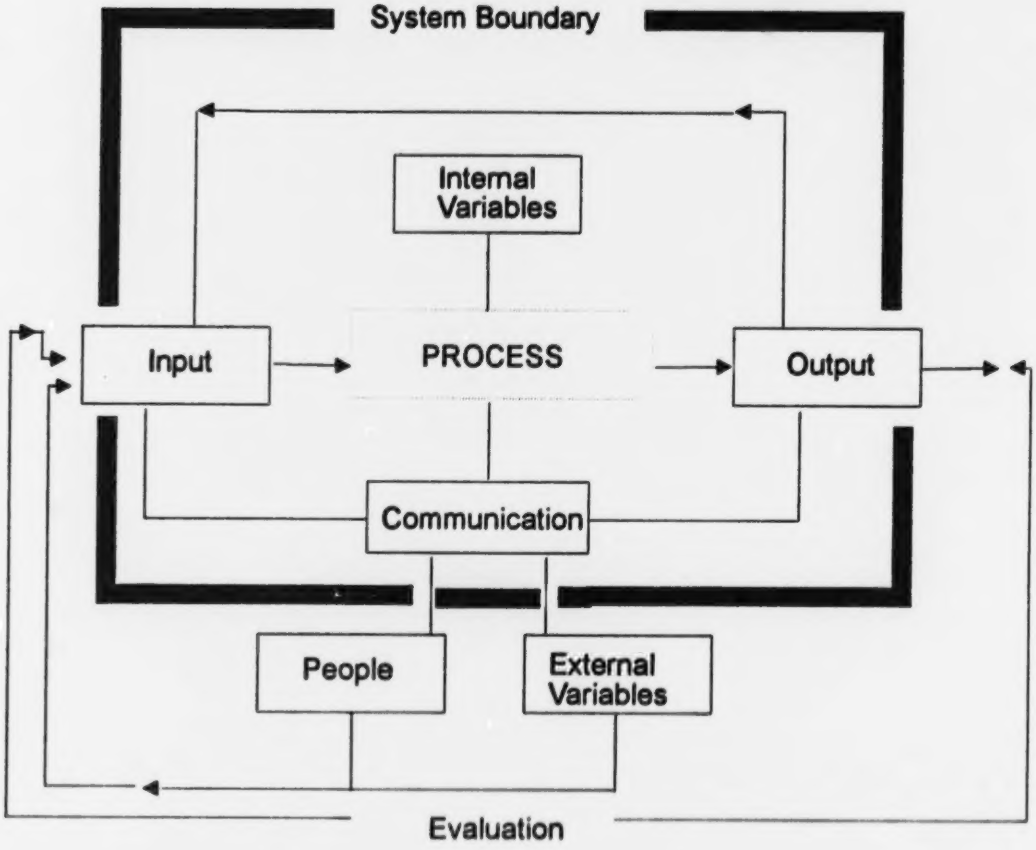
APPENDIXES

Appendix A

Explanation of the Simple Systems Model


System Boundary
Internal Variables
Input
PROCESS
Output
Communication
People
External Variables
Evaluation

Explanation

In this figure, a system basically requires inputs (material, people, finances, ideas, etc.) which are put through a process (as defined by the functions of management, administration, etc.) that results in outputs (task completion, objective completion, increased knowledge, satisfied customers). For the system to continue in an open format, some of the outputs return as inputs

. . . so as to "reenergize" the system. For example, when ideas are placed in the system, the resulting output ideas confirm, improve or delete the original ideas. Then the new ideas return as inputs, to start over again.

In addition to the above components, communication to and from the system as defined by the systems boundary is required. For the processing to happen, information must be shared with the internal customers and external customers. The system has a boundary so as to define the parameters of influence of the system.

An important component of the system are people. They include the internal and external customers mentioned already. Therefore, people are inputs who do the process and who need to understand the outputs. As a result it is the communication map that provides the vital link between the input/output considerations of the people and what the people need to know about the outcome of the process as a whole.

Internal and external to the system are variables that affect the process itself and the system as a whole. For example, an internal variable are the policies and procedures that guide the work within the system. An external variable, is the collective support for the system as expressed by government regulations that allow the for the system to work as it is intended.

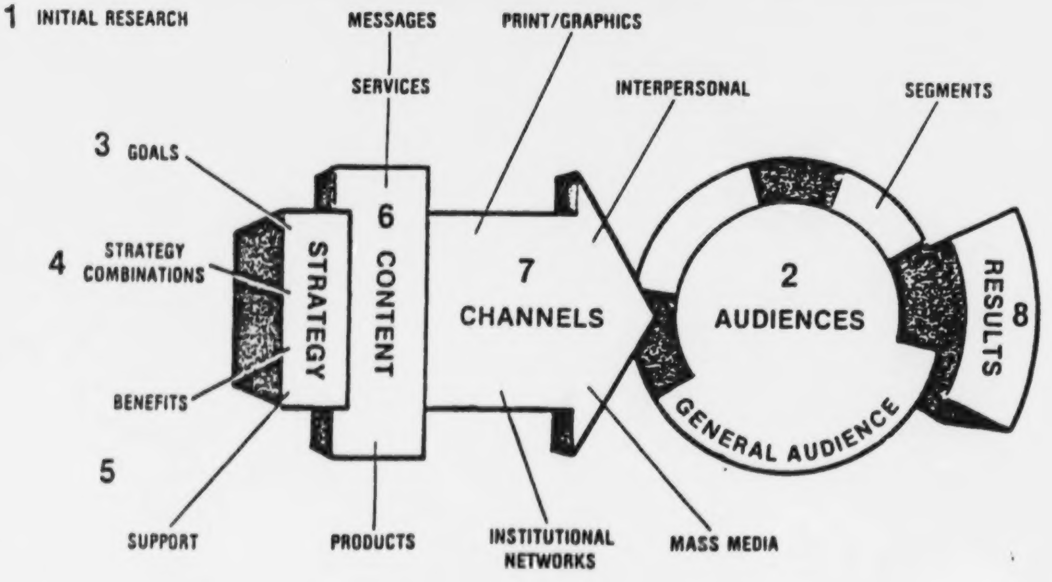
This explanation of the terms can be applied to all systems used in an organization. It is a matter of understanding the multi dimensional tic-tac-toe game (evaluation) created by the interaction many systems and their processes. For example the interaction between the financial resources system and the volunteer resources system of a non-profit organization.

Source: Author

Appendix B

HEALTH PROMOTION MODEL

The eight planning steps described in the following exhibits are depicted below as they fit into the Health Promotion Model. The steps have been listed according to the order in which they are most often considered for planning purposes. Note that in the model, audiences appear at the point where they receive the results of all the planning and implementation decisions; yet, in the planning process itself, selection of audiences must occur much earlier.


1 INITIAL RESEARCH
MESSAGES
PRINT/GRAPHICS
SERVICES
INTERPERSONAL
SEGMENTS
3 GOALS
6 CONTENT
7 CHANNELS
2 AUDIENCES
8 RESULTS
4 STRATEGY COMBINATIONS
STRATEGY
BENEFITS
GENERAL AUDIENCE
5
SUPPORT
PRODUCTS
INSTITUTIONAL NETWORKS
MASS MEDIA

Health Promotion Model (Source: Uganda Work Experience)

STEP 1

SUMMARIZING AVAILABLE DATA

Use the form below to summarize the available data. Where data are either nonexistent or weak, indicate this on the form. It is unnecessary to have excellent data on every variable before proceeding to plan, but identifying holes in data is important to long-range success and future research planning.

HIV PREVALENCE

Total No. of Cases ____

Estimate No. of HIV Infected ____

Geographic Location ____

____

Suspected Transmission Routes

Sexual ____%

Blood ____%

IV Drug____%

Injections/Skin Piercing Instruments ____%

Perinatal ____%

Characteristics of those Infected

Heterosexual M __% W__%

Gay/Bisexual ____%

Children ____%

IV Drug Users ____%

AIDS PUBLIC IMAGE

% of Population that is:

Unaware of AIDS ____%

Fear/Denial Reaction ____%

Myth or Stereotype ____%

Practicing Prevention ____%

Common Myths Include:

____

____

SERVICES / PRODUCTS

% of Population w/Access to:

HIV Test ____%

AIDS Counseling ____%

Treatment Services ____%

Condoms ____%

Blood Supply Test ____%

INTERPERSONAL NETWORKS

Programs which are:

- Gov. Ministries ____
  ____
- High-Risk Behavior Organizations
  ____
- Private Business ____
  ____
- Nonprofit Voluntary Institution
  ____
- Traditional Organization
  ____

What Has Worked In The Past. List any programs or ideas which have been successful in the past five years in changing peoples behavior. ____

____

____

COMMUNICATION INFRASTRUCTURE

% of individuals who view, listen, or read the following daily:

Radio ____%

TV ____%

Newspaper __%

Magazine ____%

Other Channels

____

____

____

ANTICIPATED OBSTACLES

List the primary obstacles you anticipate:

Political ____

____

____

____

Economic ____

____

____

____

Social ____

____

____

____

____

____

STEP 2
SELECTING AUDIENCE SEGMENTS

Review the text below and select the audience groups most essential to program success.

	PRIMARY AUDIENCES
	THE GENERAL PUBLIC
WHO ARE MOST LIKELY TRANSMITTERS? ←	BEHAVIOR GROUPS ☐ Heterosexual Sexually Active ☐ Homosexual Sexually Active ☐ Skin-Piercing Agents ☐ Hemophiliacs ☐ Blood-Infected Recipients ☐ IV Drug Users
WHO IS MOST AFFECTED? ←	CLASSIFICATION GROUPS ☐ Race/Ethnicity ☐ Gender ☐ Sexual Orientation
WHICH IS MOST IMPORTANT TO REACH? ←	PLACE GROUPS ☐ School ☐ Workplace ☐ Jail ☐ Community ☐ Military

SECONDARY AUDIENCES

INFLUENTIALS:

Who influences your Primary Audience the most?

- ☐ Sexual Partners
- ☐ Family
- ☐ Models

HEALTH-CARE PROVIDERS:

Which providers need the most support at this moment?

- ☐ Physicians
- ☐ Nurses
- ☐ Primary Health-Care Workers
- ☐ Auxiliary Health Professionals
- ☐ Dentists
- ☐ Traditional Healers
- ☐ Counselors

TERTIARY AUDIENCES:

Where are you most likely to receive immediate help?

- ☐ Governmental Authorities
- ☐ Funding Sources
- ☐ Public Figures

STEP 3

WRITING BEHAVIORAL OBJECTIVES

1. Consider which of the general goal areas below you wish to include.
2. Select the topic under each goal area you want to address.
3. Use the format below to translate each goal topic into a specific behavioral objective.

GOAL CATEGORIES

GENERAL EDUCATION
- ☐ HIV-ARC-AIDS
- ☐ Symptoms and Dangers
- ☐ High-Risk Behavior
- ☐ Common Myths
- ☐ Means of Protection
- ☐ Referral Advice

RISK-REDUCTION SUPPORT
- ☐ Behavioral Modeling and Practice of Prevention Behavior
- ☐ Condom Use / Availability
- ☐ Peer Group Support Session for Safe Sex

PROGRAM FUNDING AND SUPPORT
- ☐ Prevalence-Actual / Potential
- ☐ Range of Threats
- ☐ Action Alternatives

SERVICE DELIVERY SUPPORT
- ☐ Training for Care and Counseling
- ☐ Support Materials for Service Delivery
- ☐ Publicity for Service Delivery

EXAMPLE A

1. Whom do you wish to change their behavior (who is the Audience)?
   Prostitutes in Capital City Brothels.
2. What do you believe that audience is doing now?
   Having sexual intercourse with multiple partners without using a condom.
3. How would you like them to change what they are doing now?
   To carry a condom on their person at all times.
4. How much of a change do you expect to produce? (How many people and/or how great a change)
   60% of prostitutes to carry a condom 80% of the time.
5. How long do you expect the desired change to take?
   One year.

Behavioral Objectives:

Within one year of the program's initiation, 60% of the prostitutes in the capital city's brothels will have a condom on their person at least 80% of the time.

BEHAVIORAL OBJECTIVE FORMAT

1. Whom do you wish to change their behavior (who is the Audience)?
   ____
   ____
2. What do you believe that audience is doing now?
   ____
   ____
3. How would you like them to change what they are doing now?
   ____
   ____
4. How much of a change do you expect to produce? (How many people and/or how great a change)
   ____
   ____
5. How long do you expect the desired change to take?
   ____
   ____

Behavioral Objectives:

Within one year of the program's initiation, 60% of the prostitutes in the capital city's brothels will have a condom on their person at least 80% of the time.

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STEP 4

SELECTING STRATEGIC COMBINATIONS

Check which combination of strategies you think is best to achieve the behavioral goals established. Often you may want to review several goals, before selecting a combination of strategies.

STRATEGY OPTIONS

- ☐ NATIONAL INFORMATION CAMPAIGN
- ☐ PRESS INFORMATION PROGRAM
- ☐ HIGH RISK BEHAVIOR PROGRAM
- ☐ INTERPERSONAL NETWORK PROGRAM
- ☐ PRODUCT PROMOTION STRATEGY
- ☐ SERVICE DELIVERY SUPPORT

(See following page for description of each)

SAMPLE STRATEGY COMBINATIONS

	A	B	C
HIV Prevalence	Heterosexual	Gay, Bisexual Blood Supply	Low
AIDS/Public Image	Fear Myths Widespread	Gay Stereotyping Denial	Foreign Problem
Services/Products	Limited Low Condom Availability	No Referral System Condom Availability Modest	None Available
Interpersonal Networks	Community Based	High Risk Behavior Institutional	Community Based
Communications Infrastructure	Radio Predominate	Radio-TV. Press	Radio-Press
Obstacles	Politically Sensitive Low Resources	Stereotyping Blood Supply	Low Problem Recognition
STRATEGY COMBINATION	Condoms National Campaign/Promotion Press Information Service Delivery	High Risk Behavior Nat. Camp./Risks/Myths Condom Promotion Press Information	Press Information National Camp./Threat Institution Building

ACTIVATE INTERPERSONAL NETWORKS

Combining Strategies Works Best. Most national programs will have a variety of objectives to achieve:

- Alert the general public.
- Make condoms more available and more acceptable.
- Raise funds and public support.
- Address high-risk behaviors.

A single strategy will not meet all of these goals. Combining strategies is not only feasible but also essential to success in many cases. The specific combination depends upon the program's needs.

Three hypothetical country models follow to help illustrate how strategies might be combined:

Country A - High heterosexual incidence of AIDS, little public information to date, poor communication infrastructure, political resistance to a full-scale program, condom availability very low.

Country B - High incidence among gay/bisexual men but transforming into heterosexual problem. Public stereotyping and myths about AIDS are widespread. Moderate but inadequate condom availability. Excellent communication infrastructure. Political support for program is high.

Country C - Very few cases of AIDS. Not perceived as a problem by health officials or the public. Modest communication infrastructure. Political apathy and limited financial resources.

In the matrix below, are different strategic combinations appropriate to each case. Combinations address short-term needs in each country scenario. Obviously this is to demonstrate the type of combinations and decisions the NAC will need to make for its own program.

Strategies for Country A

Stress the urgency of the problem and the need to focus on condoms as a means of reducing transmission. Public education should focus on transmission and the ability to stop AIDS "if we work together." A service delivery component is critical to meet the large number of cases. A press information campaign would support the national information campaign. Focus on how to increase the availability of condoms.

Strategies for Country B

First priority might be a High-Risk Behavior and Interpersonal Network Strategy aimed at those now infected. The message, however, should not emphasize high-risk groups but rather behavior which can be everybody's problem.

Emphasize the facts and deflate the myths. Product marketing of condoms should proceed to meet the expected demand. A press information program is needed to ensure that myths are dispelled.

Strategies for Country C

The first priority might be a press information program to avoid myths and rumors. Second, an information campaign might focus on "AIDS: The Basic Facts" and that "Everyone is at Risk." Finally, activate interpersonal networks -- particularly schools, churches, social clubs to gain support for program and to avoid stereotyping.

STEP 5

BENEFIT-SUPPORT STRATEGY

Select the type of benefit and support you believe would be most compelling for each audience segment and behavioral objective.

Behavioral Objective ______________________________

Audience Segment ______________________________

BENEFITS

FEAR
- ☐ Avoid Death
- ☐ Everyone is at risk
- ☐ Others: ______________

LOVE
- ☐ Take Care Of
- ☐ Protect your partner
- ☐ Protect your children
- ☐ Others: ______________

EMULATION
- ☐ Because your role model does it
- ☐ Possible role models include: ______________

PLEASURE
- ☐ It is as satisfying
- ☐ It feels better
- ☐ It makes you more at ease
- ☐ Others: ______________

POWER / STATUS
- ☐ Be in charge
- ☐ Beat AIDS
- ☐ Be "in" /Everyone is doing it.
- ☐ Others: ______________

SUPPORT

MEDICAL FACTS
- ☐ Studies
- ☐ Size of Problem
- ☐ Transmission Risks

PEER SUPPORT
- ☐ Testimonials
- ☐ Dramatization of Personal Loss

ROLE MODELS
- ☐ Medical Figures
- ☐ Sports
- ☐ Arts
- ☐ Entertainment

ANECDOTES
- ☐ "Of People Like You"
- ☐ Others: ______________

STEP 6

SELECTING MESSAGES, SERVICES & PRODUCTS

Considering the particular objective, audience segment and strategy you've selected - check all the messages, services and products necessary to accomplish that objective, and review their availability.
Use a separate page to analyze each objective and only check those appropriate to one objective at a time.

Behavioral Objective ____
____

Audience Segment ____________________
Strategy ____________________

AVAILABILITY: H = High
L = Low

MESSAGES

AIDS: THE FACTS
- ☐ HIV ARC AIDS
- ☐ Symptoms/Dangers
- ☐ Transmission
- ☐ High Risk Behavior

MYTHS
- ☐ Transmission
- ☐ Symptoms
- ☐ Who's at risk

REFERRAL
- ☐ Information
- ☐ Testing
- ☐ Treatment
- ☐ Counseling

PSYCHO-SOCIAL CHANGE
- ☐ AIDS is a threat to all
- ☐ AIDS can be prevented
- ☐ You can prevent AIDS
- ☐ AIDS prevention can be fun
- ☐ You can get support to change

PROTECTION
- ☐ Reduce # of partners
- ☐ Use condoms
- ☐ Don't use recreation drugs
- ☐ Don't share needles

SERVICE DELIVERY
- ☐ Transmission Myths
- ☐ Patient Psychology
- ☐ Counseling Techniques
- ☐ Testing Counseling

SERVICES

INFORMATION
- ☐ Transport Systems
- ☐ New Information Centers
- ☐ Information Booths at Existing Centers
- ☐ Panel & Speakers Bureau
- ☐ Press: Column/Liaison Personals
- ☐ Call Line

BEHAVIOR CHANGE
- ☐ Condom Desensitization Groups
- ☐ Role-Play Groups
- ☐ Cues
- ☐ Sex Talk Workshop

SERVICE DELIVERY
- ☐ Treatment
- ☐ Testing
- ☐ Counseling
- ☐ Publicity

PRODUCTS

☐ **CONDOMS**

PRODUCT CHARACTERISTICS
What is happening now?
- ☐ Spermicide
- ☐ Color
- ☐ Lubrication
- ☐ Configuration
- ☐ Increased Safety
- ☐ Satisfying
- ☐ Satisfying + Effective
- ☐ Satisfying + Ease of use

PLACE - DISTRIBUTION
- ☐ Traditional
- ☐ Nontraditional
- ☐ Detailing
- ☐ Distribution
- ☐ POP Materials

PRICE
- ☐ For Different Consumers
- ☐ Maximize Sales

PROMOTION:
- ☐ Protection
- ☐ Satisfying
- ☐ Modeling
- ☐ Restrictions ______ ______
- ☐ Advertising ______ ______
- ☐ Sampling ______ ______

STEP 7

SELECTING CHANNELS

Working with professionals familiar with channels in your country, take each of the message, service and/or products you've chosen and match them to more of the channels listed below.

Message ________________________________
Service ________________________________
Product ________________________________

INSTITUTIONAL

HEALTH CARE SYSTEM
- ☐ Public
- ☐ Private
- ☐ Nontraditional/Folk

VOLUNTEER ORGANIZATIONS
- ☐ Clubs
- ☐ Associations
- ☐ Family Planning Groups

SCHOOLS
- ☐ Teacher
- ☐ Parents
- ☐ Students

☐ **ADVOCACY PEER GROUPS**

☐ **SPORTS**

☐ **ENTERTAINMENT INDUSTRY**

INTERPERSONAL

HEALTH PROVIDERS
- ☐ Physician
- ☐ Nurses
- ☐ All Staff

☐ **FAMILY**

☐ **SEXUAL PARTNERS**

☐ **PEER GROUPS**

PLACE PROMOTIONS
- ☐ Workplace
- ☐ Public Intercepts/Promos
  - Awareness Booths
  - Hand to Hand Distribution

TRAINING
- ☐ Video Programs for Providers
- ☐ Skill Practice Sessions Modeling

PRINT/GRAPHIC

- ☐ Slogan
- ☐ Logo
- ☐ AIDS Facts/Pamphlet Mass Distribution Flyer/Mailings
- ☐ Poster-
  - Myths
  - Transmission
  - Products
- ☐ Phone Stickers
- ☐ Safe Sex-
  - Manual
  - Instructional Flyer
  - Comics
- ☐ Pamphlets
  - Audience Segments
- ☐ Newsletter
- ☐ Health Provider Manual - Treatment/Counseling
- ☐ School Materials/Comics
- ☐ Discussion Guides- Manuals, Quizes
- ☐ Buttons, Stickers, T-Shirts, Balloons

BROADCAST

TELEVISION
- ☐ PSAs
- ☐ News
- ☐ Medical Column
- ☐ Documentaries
- ☐ Dramatizations
- ☐ Benefits

RADIO
- ☐ PSAs
- ☐ News
- ☐ Medical Column
- ☐ Documentaries
- ☐ Dramatizations
- ☐ Benefits
- ☐ Learning Groups

PRESS
- ☐ Liaison Specialists
- ☐ Encourage AIDS Journalists
- ☐ News
- ☐ Features
- ☐ Columns

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STEP 8

DECIDING WHAT TO MEASURE

Review your plan to this point and determine what process measure, knowledge, attitudes and behavior results you wish to measure. Sample measures have been included below, but they are only illustrative.

HEALTH STATUS

Rectal Gonorrhea Rates

Doubling Time for Cases

KNOWLEDGE ATTITUDE

GENERAL POPULATION

- ☐ 3 Transmission Vehicles (Sex-Blood-Pregnancy)
- ☐ Relationship HIV/ARC/AIDS
- ☐ Self Identification as "At Risk"
- ☐ Condom Provides Protection

HEALTH SECTOR PERSONNEL

- ☐ Knowledge of AIDS
- ☐ Know What To Say About Blood
- ☐ Refer to AIDS Center
- ☐ Know What To Say About Symptoms, Risks, Myths

SELF-REPORT BEHAVIOR

- ☐ Increased Number of People Who Say: *"I Used a Condom During My Last Sexual Encounter"*

OBSERVED BEHAVIOR

- ☐ No. of Gay/Bisexual Men In Bars w/Condoms
- ☐ No. of Prostitutes w/Condoms
- ☐ No. of Calls to AIDS Call Line
- ☐ No. of Calls to Call Line In General
- ☐ Condom Sales
- ☐ Blood Donations

PROCESS

	Planned	Completed
No. of Materials Distributed	___	___
No. of Radio Prog. Broadcast	___	___
No. of TV Prog. Broadcast	___	___
No. of People Trained	___	___
No. of Sales Depts. Set Up	___	___
___	___	___

INFRASTRUCTURE

- ☐ Increased Number of Institutions with AIDS Programme
- ☐ Increased Number of Distribution Points of AIDS Information
- ☐ Increased Number of AIDS Centers
- ☐ Increased Financial Support of Programme

Appendix C

Copy of Letter Sent to National Health Promotion Organizations with List of Organizations Contacted

Date of letter

Sent to:

Canadian Cancer Society
Canadian Centre for Active Living in the Workplace
Canadian Council on Smoking and Health
Canadian Foundation for AIDS Research
Canadian Public Health Association
Centre for Leadership in Active Living
Heart and Stroke Foundation
ParticipACTION
PRIDE Canada
Smoking and Health Action Foundation

Dear Health Promoter:

Part of the work underway in AIDS Calgary's Education Services Unit is the development of a Health Promotion Program. In order to use the best of all worlds, I am writing to several organizations listed in the Directory of National Organizations and Associations involved in Health Promotion (Health and Welfare Canada) to request the following:

a] to obtain a copy of the health promotion model you follow, whether it is a model designed by your organization or one taken from a text. I would require a bibliographic reference for the model.

b] to obtain a copy of a health promotion workbook (or manual) you use to create a health promotion message. My concept of a manual would provide the user with a step by step approach to systematically recording ideas from which a message is developed.

With regard to [b], I am developing a systematic health promotion workbook that assists staff and volunteers in the design and development of preventive messages associated with HIV and AIDS. I am following a developmental methodology in preparation of a practicum paper for an Ed.D. course.

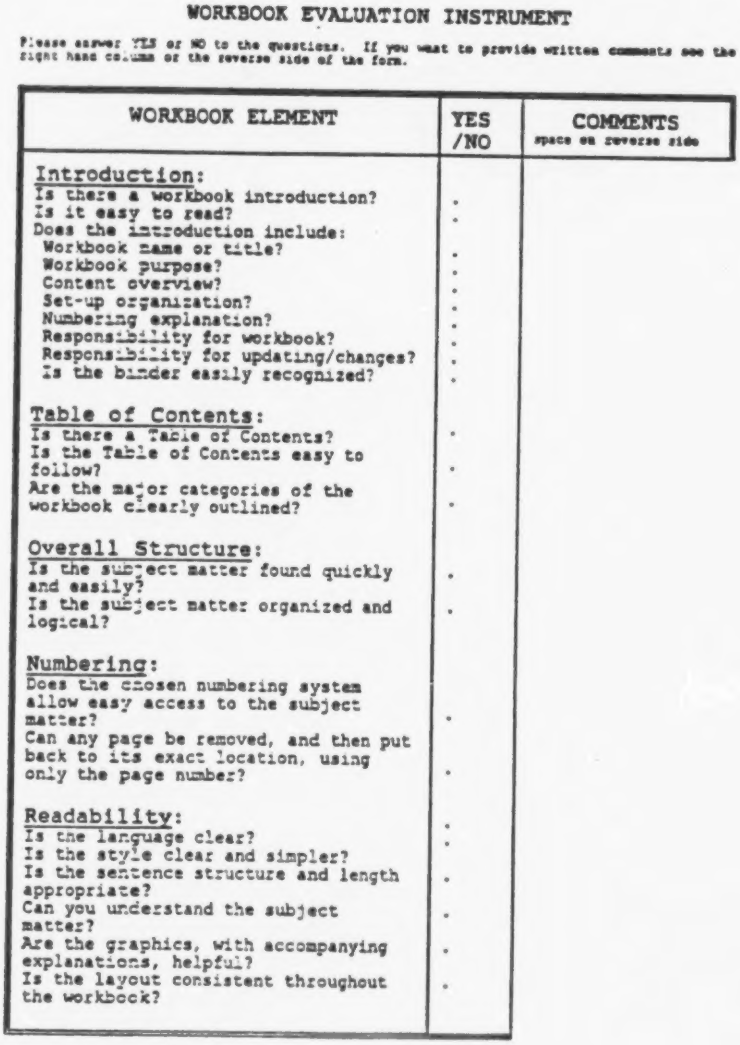
Your assistance would be helpful as soon as possible.

Thank you,

Stephen Hobbs
Director of Education Services

Appendix D

Workbook Evaluation Instrument



WORKBOOK EVALUATION INSTRUMENT

Please answer YES or NO to the questions. If you want to provide written comments see the right hand column or the reverse side of the form.

WORKBOOK ELEMENT	YES /NO	COMMENTS space on reverse side
Introduction:		
Is there a workbook introduction?	.	
Is it easy to read?	.	
Does the introduction include:		
Workbook name or title?	.	
Workbook purpose?	.	
Content overview?	.	
Set-up organization?	.	
Numbering explanation?	.	
Responsibility for workbook?	.	
Responsibility for updating/changes?	.	
Is the binder easily recognized?	.	
Table of Contents:		
Is there a Table of Contents?	.	
Is the Table of Contents easy to follow?	.	
Are the major categories of the workbook clearly outlined?	.	
Overall Structure:		
Is the subject matter found quickly and easily?	.	
Is the subject matter organized and logical?	.	
Numbering:		
Does the chosen numbering system allow easy access to the subject matter?	.	
Can any page be removed, and then put back to its exact location, using only the page number?	.	
Readability:		
Is the language clear?	.	
Is the style clear and simpler?	.	
Is the sentence structure and length appropriate?	.	
Can you understand the subject matter?	.	
Are the graphics, with accompanying explanations, helpful?	.	
Is the layout consistent throughout the workbook?	.	

WORKBOOK ELEMENT	YES /NO	COMMENTS see below
Content:		
Are the objectives for each section set out in advance?	.	
Is it clear for whom this workbook is written?	.	
Is the information provided useful?	.	
Does the workbook appear to be complete?	.	
Is there extraneous material?	.	
Are the references to other sources provided?	.	
Is sufficient space provided to record ideas?	.	
Additional Comments:		
What overall impression does the workbook give?	.	
Summarize the major strengths and weaknesses below ->	See below	

Appendix E

Final Product: Health Promotion Workbook

Because of length, this document is submitted separately and with separate pagination.

AIDS Calgary

Information, Education and Awareness
Support Services Network

HEALTH PROMOTION WORKBOOK

EDUCATION SERVICES

AIDS CALGARY

December 1993

AIDS CALGARY AWARENESS ASSOCIATION
300, 1021 - 10th Avenue S.W., Calgary, Alberta, Canada T2R 0B7
Phone: (403) 228-0198 Fax: 229-2077
Member of Canadian AIDS Society/La Societé Canadienne du SIDA

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Overview

Health Promotion is a process of enabling people to increase control and improve their health (World Health Organization, 1986).

In an effort to support this premise of health promotion, the following workbook outlines a systematic approach to health promotion that utilizes a modified curriculum and program planning model.

The **Design** component of the workbook identifies the target group and the perceptions thereof. Further, the component considers the ideas and concepts, the resources, the expertise, the communication channels available, the health status indicators that frame the needs assessment to needs analysis considerations in developing a health promotion message for the target group.

The **Development** component of the workbook considers the preparation of the health promotion message that frames the needs analysis to task analysis considerations.

The **Target Group Survey** component of the workbook considers the requirement of asking a sample of the target group to provide feedback on the health promotion message developed for the target group.

The **Administration** component of the workbook considers the application of social marketing principles through selected communication channels according to a workplan that monitors selected data for analysis.

The **Evaluation** component of the workbook considers two types of evaluation required to decide on some future action with regard to health promotion program/message development.

Introduction

The purpose of this workbook is to outline a systematic approach to developing and implementing a health promotion program for a target group identified by the user. The document serves to:

- provide a process to generate thoughts
- provide a way to analyze the information generated
- provide a way to evaluate the appropriateness of the message
- record the knowledge generated through the application of the process
- provide a format to compare thoughts between health promotion programs
- provide a way to evaluate the implementation of the message

Guide Map

The following Guide Map highlights the five major sections and the content of each section. The arrows within the map indicate the progressive flow of information derived from one section that is added to the next.

Throughout the workbook, the Guide Map appears with a **Locator Arrow** to provide reference as to the user's location in context of the whole process.

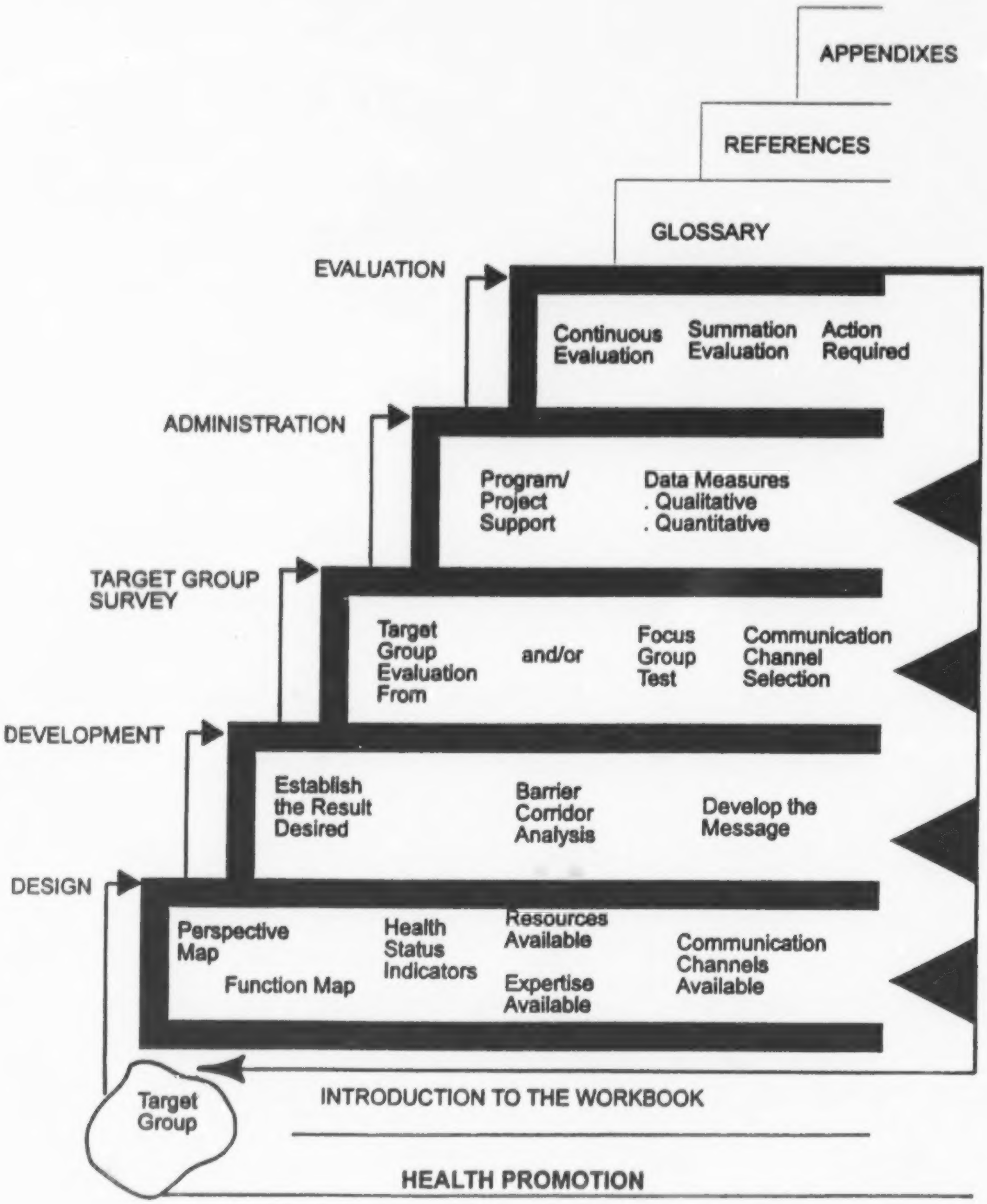
Workbook Format

The workbook follows the systematic outline of a four part, generic curriculum and program planning model. The sections are titled DESIGN, DEVELOPMENT, ADMINISTRATION, and EVALUATION. A fifth section, TARGET GROUP SURVEY is situated after the Development section. Its placement identifies the point at which the developed message is tested before its launch into the target group. Decisions are made as to continue or to review the message.

The information determined through each section of the process accumulates so that the last section provides information for the first section, and therefore *reenergizes* the system. The "looping" analogy used in the workbook, as displayed in the Guide Map, suggests a recurring orientation to the message development. This analogy acknowledges the importance of a future time element associated with the creation and use of the message.

An additional feature of the workbook is the presentation of key terms used in the workbook. The definition appears where the word is used and is contained in a box. The box is situated on the page on which the definition is required.

Guide Map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Function Map
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Expertise Available
Communication Channels Available
Target Group
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The workbook utilizes a conversational, third person approach . . . as if the author were asking the questions and exploring the concepts with YOU. Scattered throughout the workbook are questions thought important to stimulate thinking and discussions.

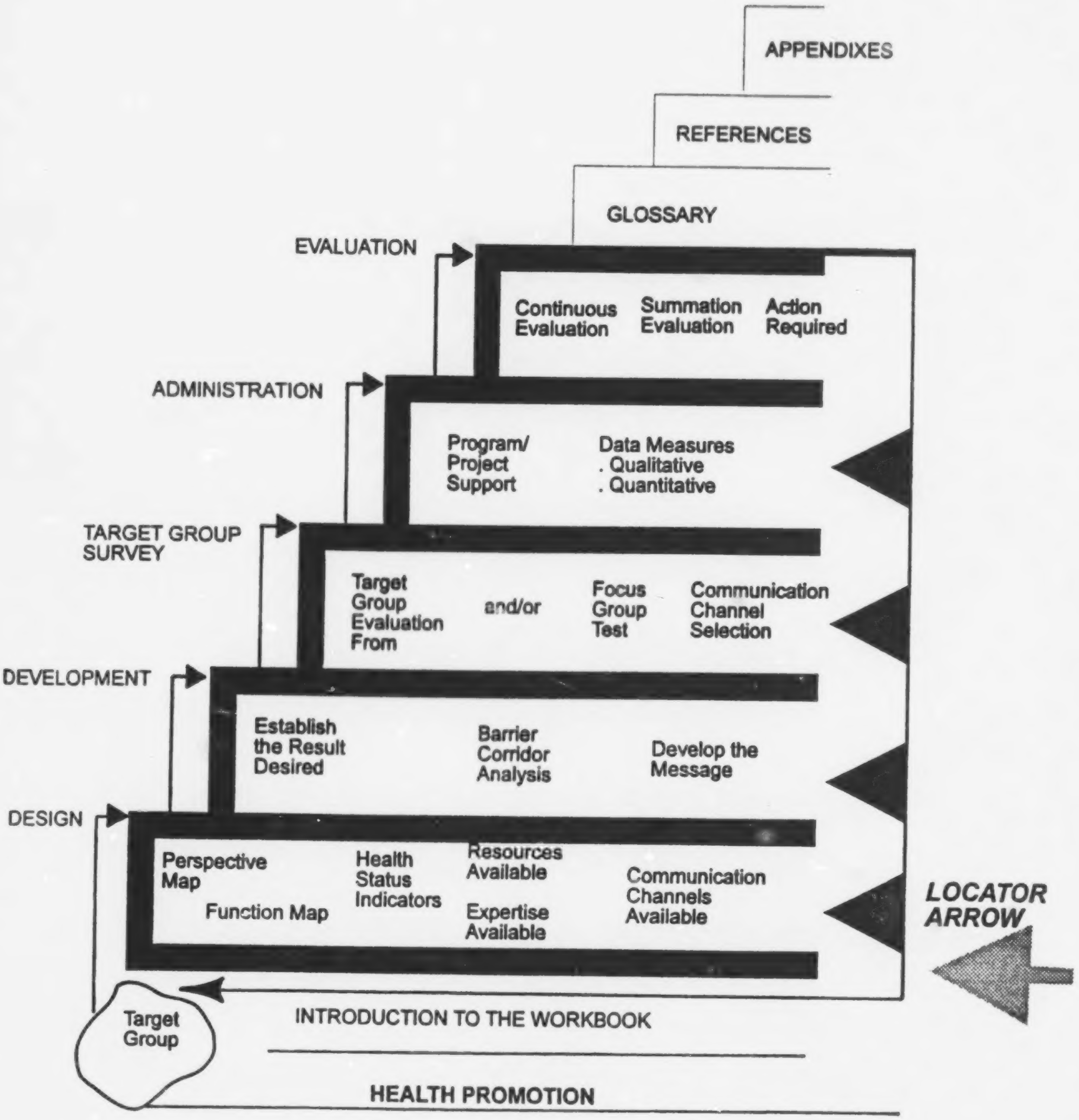
Many of the ideas used in the workbook were taken from a literature review (see References). In addition, original work by the author of the workbook is included. The Perspective and Function Maps and their associated terminology may appear unfamiliar. With the explanation provided in the text, it is anticipated that the user can become familiar with the terms and concepts.

Pagination

The pagination for the workbook is chronological.

When additional pages are inserted into the workbook, they can be numbered as you determine appropriate. Appendix D contains copies of the "form" pages presented in the workbook.

Any suggestions for improving the workbook are welcomed. Please direct all comments to the Education Services Department, AIDS Calgary, 1021 10th Avenue SW, Calgary, Alberta, T2R 0B7 - (403) 228-0155 or Minstrel Ways, 28 Kendal Place SW, Calgary, Alberta, T2V 2J5 - (403) 252-8188.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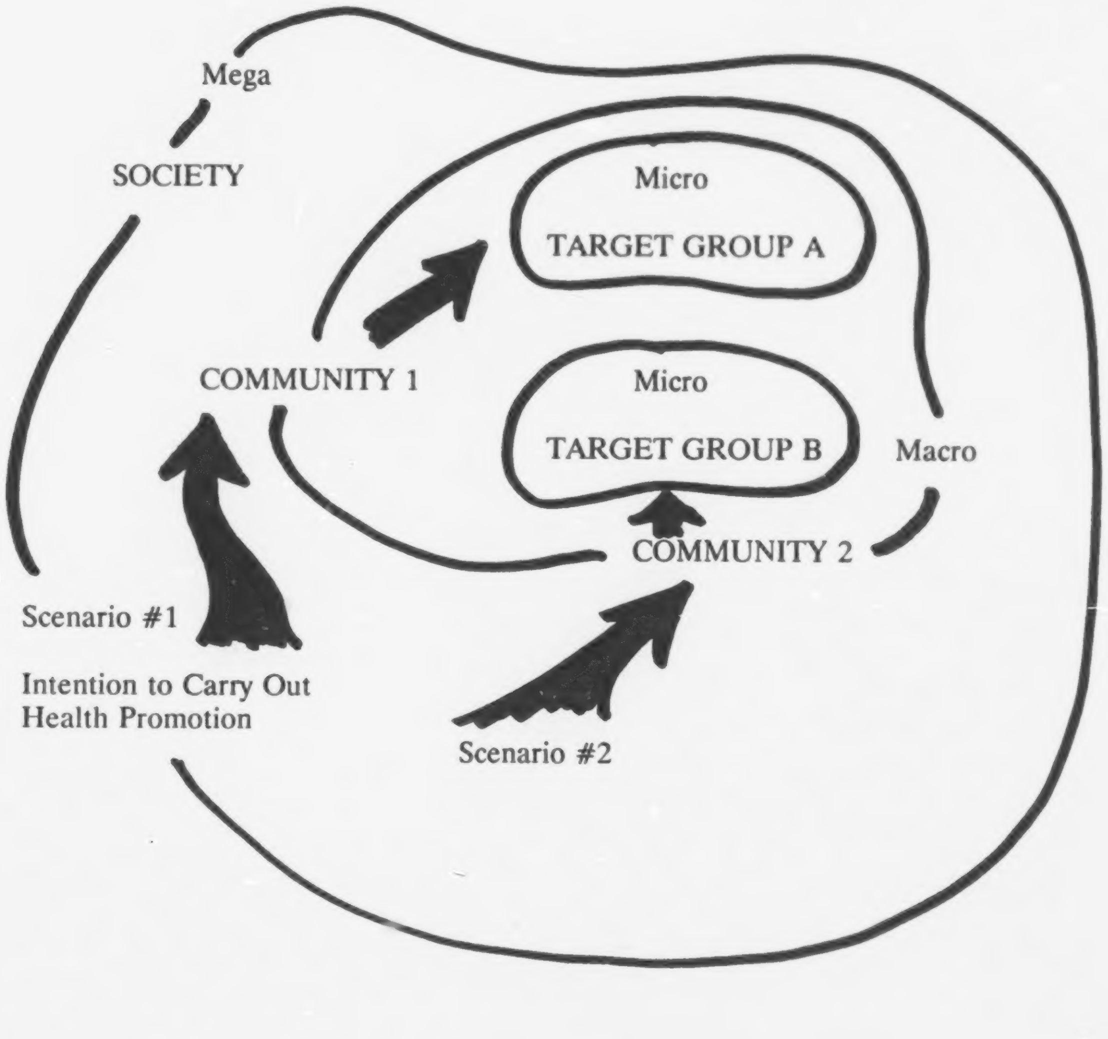
Target Group: A Situation within a Context

In order to understand which target group will be selected, it may be helpful to undertake a mega to macro to micro (larger to smaller) review of society through community to target group.

> **The health message developed through the use of this workbook will be one giant step closer to being useful if the intended message matches the target group identified. Too often the message does not help the target group.**

The following diagram outlines two scenarios following the mega to macro to micro review.


Mega
SOCIETY
Micro
TARGET GROUP A
COMMUNITY 1
Micro
TARGET GROUP B
Macro
COMMUNITY 2
Scenario #1
Intention to Carry Out Health Promotion
Scenario #2

Is someone from the target group represented on the health promotion working group? If yes, who are they? If no, who should be approached?

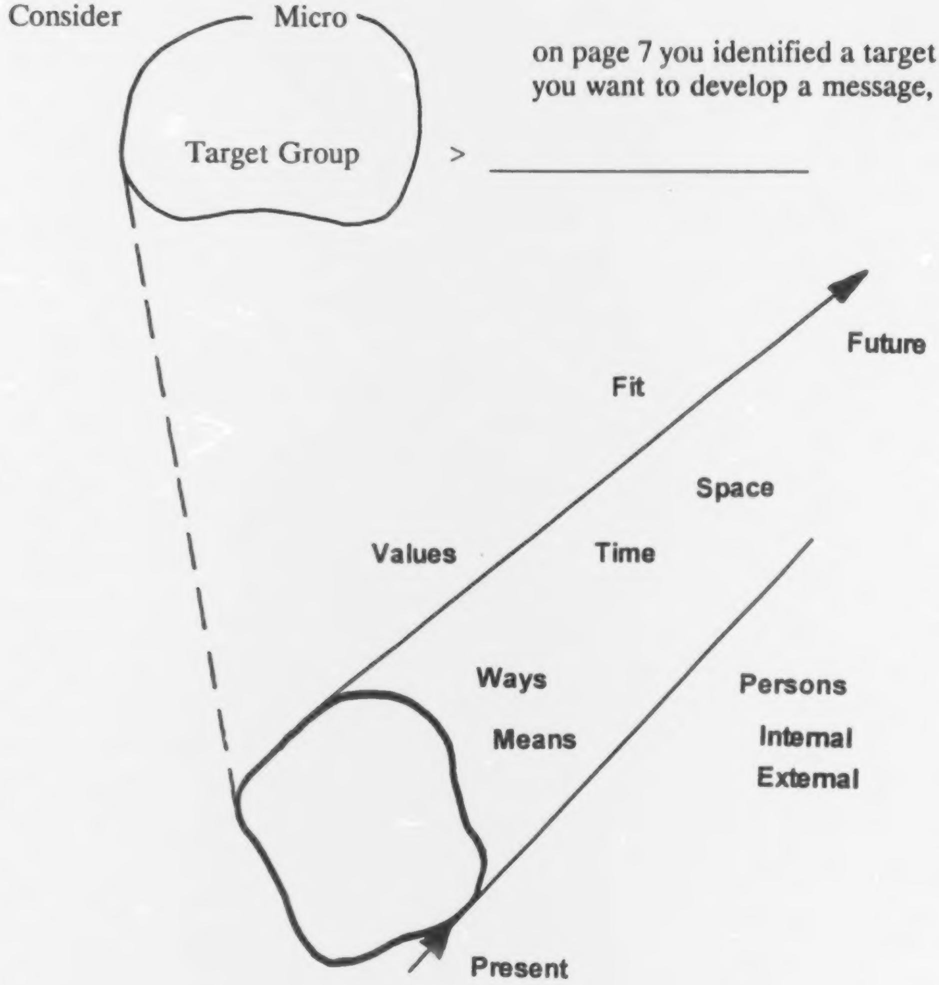
Where can you contact those you people you identified above?

-
-
-
-

Perspective Map

on page 7 you identified a target group for whom you want to develop a message, that group is

> ______________________


Consider
Micro
Target Group
Future
Fit
Space
Values
Time
Ways
Means
Persons
Internal
External
Present

Open up this sheet to align the following pages . . . DES - 11, 12, 13 >

Perspective Map The questions within this component of the DESIGN Section are framed by the difference suggested by:

WHAT IS THE Present Reality?	> >	WHAT IS THE Future Reality?

Questions based on the following 7 Perspectives -

Holistic 5W & H	* the FIT of the target group within society . . . considers the nature of the target group, its relationships to society
Why	* the VALUES associated with the target group . . . considers the beliefs or philosophies of the target group
How	* the WAYS in which to associate with the target group . . . considers the practical ways in which to reach the group
What	* the MEANS available to associate with the target group . . . considers the resources (financial, print & electronic) to connect with the group
When	* the influence of TIME on the target group . . . considers the time frame of delivering the message/societal time in which the group participates (e g., Information Age)
Where	* the SPACE associated with the target group . . . considers the area in which the group operate/source of their information
Who	* the Internal and External PERSONS affecting the target group as a whole . . . considers everyone involved directly and indirectly within (internal) or from outside (external) the target group

Through this brainstorm or "blue sky" exercise, you will gain some PERSPECTIVE of the target group. In other words, you will have some idea as to what you think the target group needs to have if the health promotion program were implemented now.

This perspective helps to eliminate assumptions and provides the assembled practitioners in ideas on which to agree to understand individual perceptions brought to the assembled group. With a perception grounded in the group understanding of the PERSPECTIVE of the target group it makes it easier to continue with the rest of the workbook.

Perspective Map

WHAT IS (ARE) THE FUTURE REALITY (or REALITIES) . . . as it pertains to the health issue?

FIT

VALUES

WAYS

MEANS

TIME

SPACE

INTERNAL PERSONS

EXTERNAL PERSONS

Continuous Evaluation

On page 49 a Pull Out Form is provided for your use.

The form provides space to record your Continuous Evaluation thoughts as you progress through the workbook.

It is important you visit this feature of the workbook . . . by using it NOW, you may safe yourself some hassles later in the process.

When consulting page 49, the
pull-out will result in page 50
laying to the right of this page.

At the bottom of the right hand page, there are reminder prompts
of where to locate the Continuous Evaluation Form.

GO TO Continuous Evaluation, page 49

Perspective Map

WHAT IS THE PRESENT REALITY . . . as it relates to the health issue?
FIT
VALUES
WAYS
MEANS
TIME
SPACE
INTERNAL PERSONS
EXTERNAL PERSONS

GO TO Continuous Evaluation, page 49

Function Map The questions within this component are framed by:

WHO and HOW questions, as they relate to functional analysis of the target audience. That is, to understand the behaviour, how and who undertakes the following functions.

LEADERSHIP . the person or persons influencing the behaviour the group, regardless of the reason

Who are the leaders, who ensure the relevant things happen within the group?

How is leadership displayed?

MANAGEMENT . working with and through the group to accomplish its reason to exist

Who are the managers, who ensure the effective maintenance of the group and/or ensure the right things are done?

How is the effectiveness of the group maintained?

COMMUNICATION . working with and through others to present and to seek information

Who are the communicators, who ensure the consistent delivery of the messages to the group?

How is communication achieved?

HUMAN RESOURCES . working with and through others to understand the contribution of self and others to the group

Who are the people influencing the target group both internally and externally, who ensure the continuity of the group?

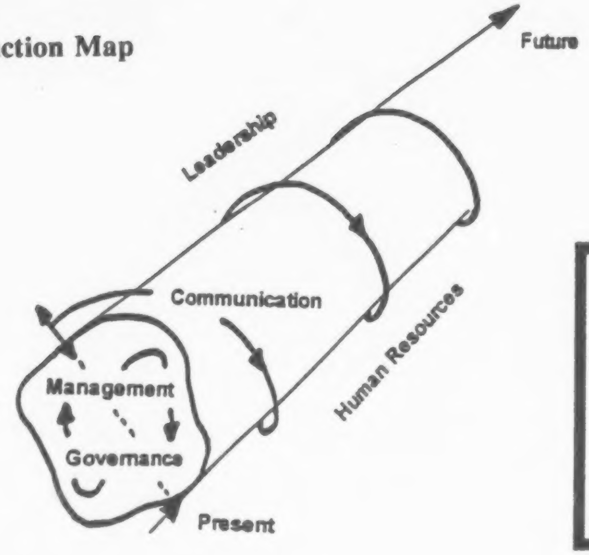
How is the continuance of the internal and external group interactions maintained?

GOVERNANCE . working with and through others to decide on the future of the group

Who are the decision makers, who ensure the legality and/or equity for the group?

How are decisions made in the target group?

Function Map


Future
Leadership
Communication
Human Resources
Management
Governance
Present

Leadership

Human Resources

Management

Governance

Communication

More space is provided on the next page to record your thoughts.

GO TO Continuous Evaluation, page 49

Additional space to record your thoughts generated by the Function Map.

Has someone from the health promotion working group consulted with the target group?

[ ] YES

{ } NO, if not why not?

GO TO Continuous Evaluation, page 49

Resources The list of resources compiled in this component reflect those resources thought to be applicable NOW .

For the most part, resources useful to the health promotion program and/or message are housed in an organization. This includes doctors and counsellors who are incorporated organizations.

Consider:

ELECTRONIC	What videos, films, etc. are available?
PRINT	What books, pamphlets, etc. are available?
FINANCIAL	What private and public money, and foundations can be accessed or money?

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Resources Available for Target Group

Within organizations involved with the health issue-		
Electronic	Print	Financial

Within organizations associated with the target group -		
Electronic	Print	Financial

Within external organizations who can be asked to help -		
Electronic	Print	Financial

GO TO Continuous Evaluation, page 49

Expertise The list of organizations complied in this component employ people who are thought to have expertise that is applicable NOW. Their experience and access to information would prove helpful to formulate and/or to implement the health promotion program.

For example	. . . at University X, Professor Smith studies health promotion and has completed a study on a similar target group

Consider:

ORGANIZATIONAL NAME	specific reference
EXPERTISE BY NAME	who can help within the organization by name; if not by name, then by title

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Expertise Available for Target Group

Within organizations involved with the health issue -	
Organization	Expertise . . . people

Within organizations associated with the target group -	
Organization	Expertise . . . people

Within external organizations who can be asked to help -	
Organization	Expertise . . . people

GO TO Continuous Evaluation, page 49

Health Status Indicators To understand if their has been a change in the health outcomes of the target group, a list of HEALTH STATUS INDICATORS can be listed by source. Each of these indicators can be assessed as to their validity and reliability.

The list created at this point is recorded without discussion as to priority and/or specific appropriateness. Instead, the group should record what indicators are thought to apply to the target group.

For example, from the list of indicators associated with HIV and AIDS:

a) Rate of infection amongst the target group and/or

b) Pregnancy Rate and/or

c) Percentage increase in number of calls to Telephone Information Service

Consider:

INDICATOR	the index, the pointer used to determine change in the target group as a result of implementing the health promotion program
SOURCE	the place where reliability and validity can be confirmed

Validity:	the extent to which the indicators used in one message development can be used with another message development
Reliability:	the extent to which one's findings can be replicated . . . in other words, if the indicators were used again, they would yield the same results

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Health Status Indicators for Target Group

Indicator	Source Confirmation	Is the Indicator valid and/or reliable?
•		
•		
•		
•		
•		
•		
•		
•		

What Health Status Indicators are identified by the target group?

GO TO Continuous Evaluation, page 49

Communications The list of communication channels compiled in this component reflect those communication channels that are thought to be applicable NOW.

Consider:

IDENTIFICATION	name of the channel; be as specific as possible TV, radio, movie theatres, restaurant table mats, match box covers, bookmarks, videos, pamphlets, posters, tear-sheets, and ▪ ▪ ▪ ▪ ▪ ▪
AUDIENCE LEVEL	ascertain the reading and/or listening level of the audience
CONTACT PERSON	identify who is the contact person; if not by name, then by title

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

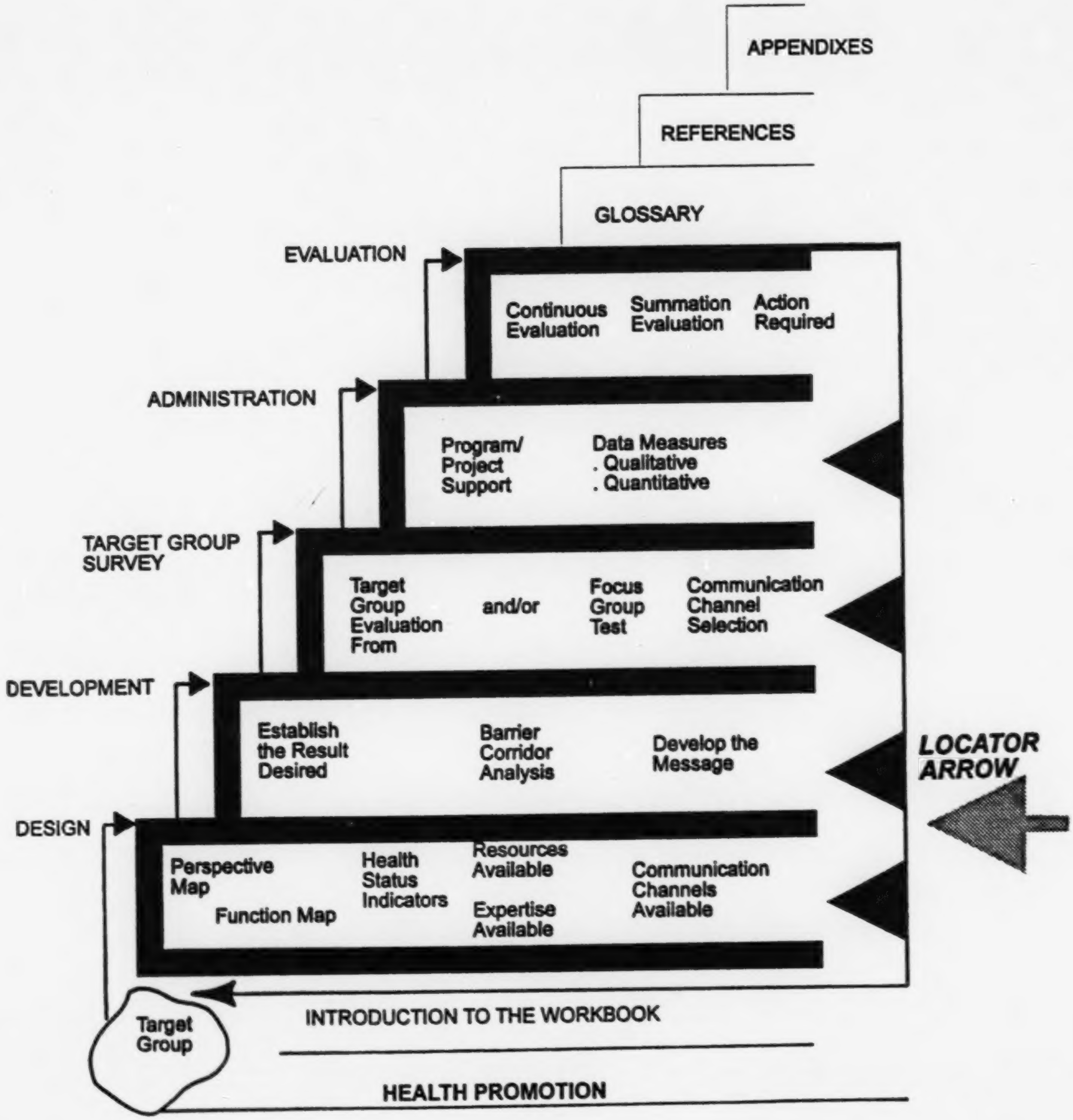
Communication Channels Available for Target Group

Identification of Channel	Audience Level	Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Notes: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Message Preparation In preparing the health promotion message, it is important to understand what is the intended purpose of the message and then to work out the ways and means of promoting the message.

Alternative View - Sometimes you may have to consider:

Putting the cart before the horse.
Offering the horse an orange.
Walking the horse and pulling the cart yourself.
Find oxen instead of a horse.
Hire a tractor and a wagon.

Consider:

OUTCOME	What is the intended health outcome(s) of the health promotion message? For example: Referral to Other Support Groups, Support Services Offered by the Agency, Services and Products Available to Support Health
MEASUREMENT	What criteria will be used to ensure the message has been transmitted?
TIMEFRAME	What amount of time is allocated to ensure the transmission of the message?
BARRIERS	What roadblocks exist to slow or halt the health promotion program. And what solutions are possible to overcome the barriers?
CORRIDORS	What supports are available to assist in delivering the health promotion program?
MESSAGE	What do you want the message to say?

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Message Preparation for the Target Group

Establish the Desired Result . . . see questions on previous page

Outcome:

Measurement:

Timeframe:

Barrier/Corridor Analysis . . . see questions on previous page

Barriers	Solutions to Barriers

Corridors

DEVELOPMENT
TARGET GROUP SURVEY

GO TO Continuous Evaluation, page 49

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Message Development

Contrary Messages:

What messages exist that present an opposite or at least competitive view to the intended message?

For example:

Glamour of Smoking > Quit Smoking

Home Entertainment > Weight Control

Simply stated:

What do you want to say?

Contrary Messages

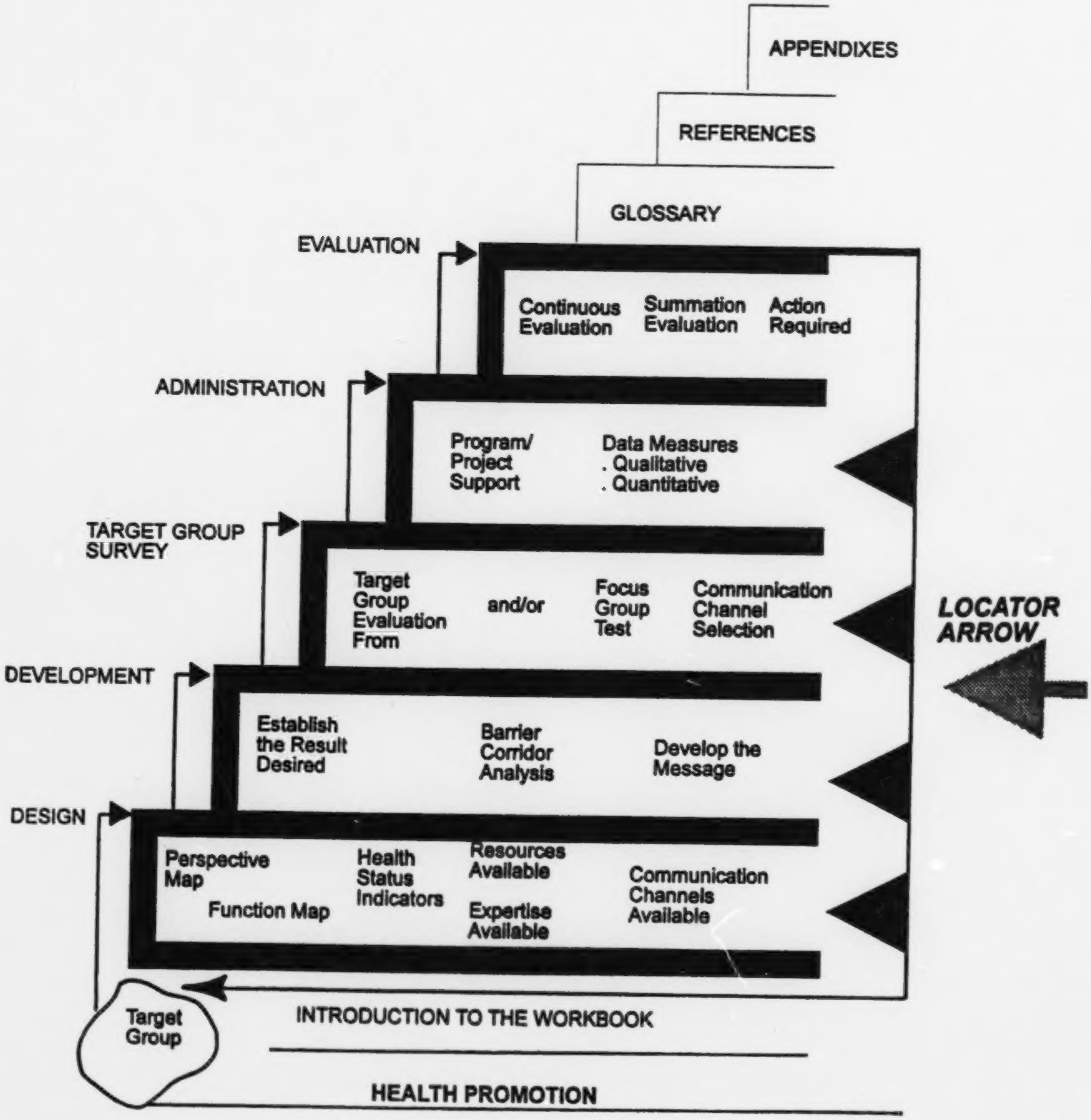
Competing messages:

The Message

The message -

GO TO Continuous Evaluation, page 49

Notes: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Message Developed Through an interactive approach acceptable to the group, a health promotion message has been developed.

Once selected, it is useful to write the message down again . . . as a way of refocusing and revisiting the message. This rewriting confirms your commitment to the message developed SO FAR.

Next it is advisable to ask a group of 5 to 10 randomly selected people who represent the target group what they think of the message. If their response is favourable, then the program can continue. If their response is unfavourable, then the message content and process can be reviewed.

Consider:

FOCUS GROUP TEST	see Appendix A for procedures
TARGET GROUP SURVEY FORM	see Appendix B for a copy of the form

Based on the results of focus test and/or target group survey, further development, administration and evaluation of the program is possible.

Consider:

IF THERE IS *MAJORITY PLUS 1 AGREEMENT* or *100% ACCEPTANCE* BY THE FOCUS GROUP, AND/OR TARGET GROUP SURVEY RESPONDENTS. . . THEN CONTINUE.

This is a critical component of the process. Care is necessary to ensure agreement (or at least acceptance) is reached with everyone involved to this point. The intended health promotion message has to be "OKAYed" by the working group, the focus group and/or representatives from the target group.

Message Developed So Far

Rewrite the statement:

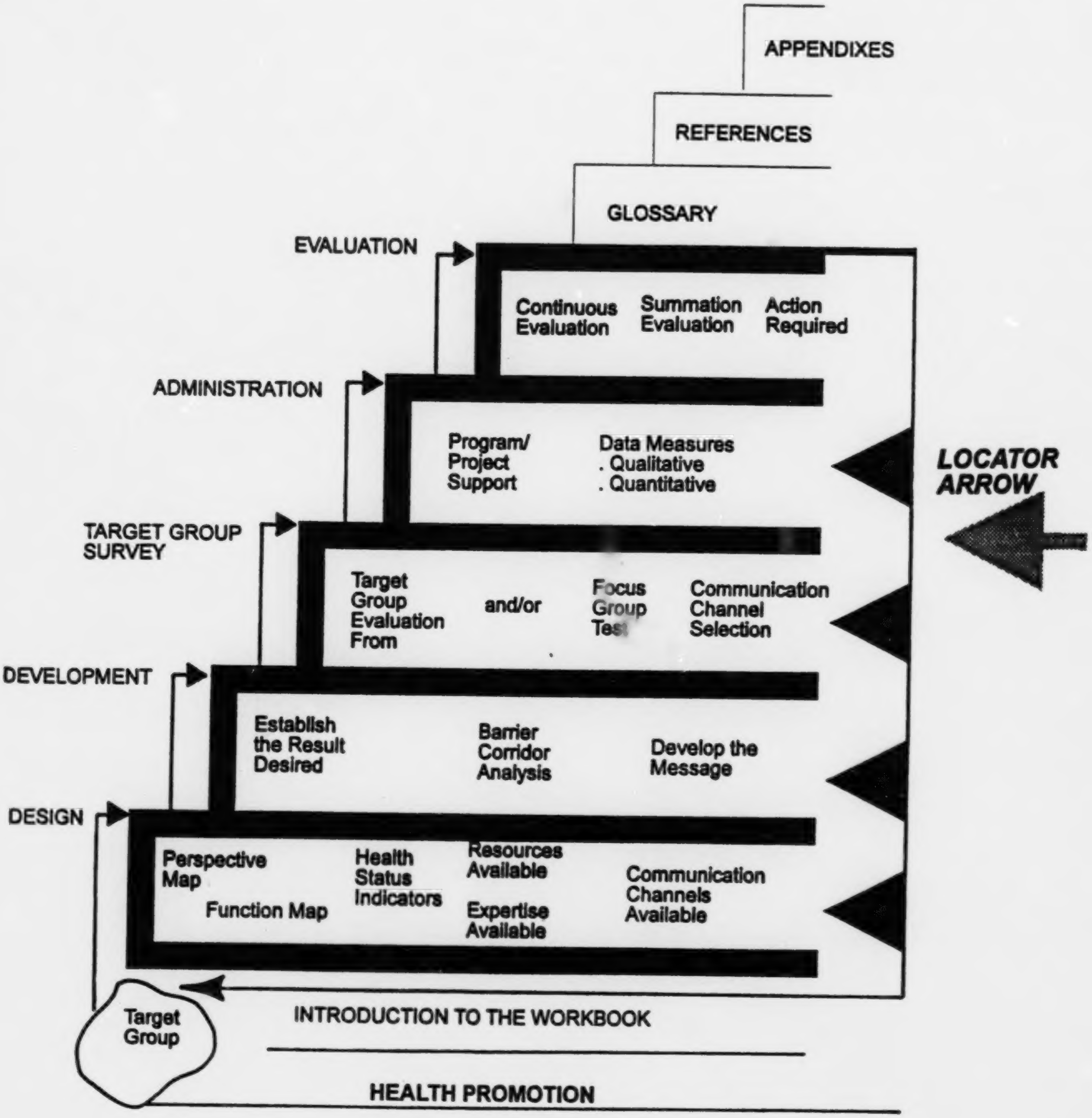
Is their MAJORITY PLUS 1 AGREEMENT or 100% ACCEPTANCE? []Yes or {}No . . . if No, consider a rewrite.

Rewrites:

TARGET GROUP SURVEY ADMINISTRATION

GO TO Continuous Evaluation, page 49

Notes: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The following section deals with the ADMINISTRATION of the health promotion program.

HOWEVER . . . this section is in no way inclusive of all information necessary to complete this aspect of the program. Because there is a variety of ways to administer the program, it is advisable that you consider the 7 Ps of social marketing outlined on the next page.

Social Marketing The following questions are suggestions . . . prompting you to think about administering (implementing) the program.

Price	what is the cost of the program to the organization and the consumer?
Producer	what is the role of the organization who produced the package?
Promotion	what are the preferred choices as to the ways and means of promoting the campaign? When will it occur? answered in part through the use of this workbook!
Probing	what checks and balances are in place to ensure the message is correct for the target group? answered in part through the use of this workbook!
People	what group of people constitute the primary target group? the secondary target group? answered in part through the use of this workbook!
Place	what is/are the locations for the placement of the health promotion program and message?
Product	what is/are the tangible and intangible products (and services) that will be made available to the target group?

ADMINISTRATION EVALUATION

GO TO Continuous Evaluation, page 49

Communication Channel Selection From the list of communication channels selected earlier in the workbook (page 25), several **priority** channels can be identified, considered and arrangements made to deliver the program.

Consider:

IDENTIFICATION	specific choice of communication channel(s) to be used
CONTACT	identify who is the contact person for the communication channel

In choosing the communication channels, it is necessary to ensure a mixture of channels is available and that they allow for repetition of the message. It is important to repeat the message because the health promotion message is attempting to provide knowledge, to motivate action, and/or to explain behaviour change.

It is of upmost importance that a third check of the message be made in reference to the communication channels selected.

ASK - SO WHAT? THEN WHAT?

So what happens if it is successful? Then what happens?

Any negative responses can be used to refocus the message if they are thought to influence significantly.

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Communication Channel Selection

Identification	Contact Person	Second Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Program/Project Selection With the development of the health promotion message it is important to determine a workplan to ensure the delivery of the program/project.

Consider:

GOAL STATEMENTS	as to what the agency wants **to have** as a result of initiating the program/project
OBJECTIVE STATEMENTS	as to what the agency wants **to do** to achieve each of the goals listed above.

These statements can be written as a workplan (see Appendix C) that guides the day to day administration activities of the program/project.

The goals and objectives need to follow the SMAC rules of

Specific, Measurable, Achievable, Consistent

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Program/Project Selection

Goal (to have)	Objective (to do)
A:	A1: A2: A3:
B:	B1: B2: B3:
C:	C1: C2: C3:

GO TO Continuous Evaluation, page 49

Data Collection Consulting the Health Status Indicators listed before (page 22), it is necessary to identify relevant quantitative (numbers that show ratios, percentages, statistical significance) and qualitative (written observations, recorded statements) measures for evaluation.

You can also consider measures that upon first review may appear tangential to the main message. Consideration of these other measures may suggest thoughts useful in the administration and evaluation of the program.

With the identification of the data measures it is important to identify the source of the data. The source identification provides a way to check the validity and reliability of the data.

Validity:	the extent to which the indicators used in one message development can be used with another message development
Reliability:	the extent to which one's findings can be replicated . . . in other words, if the indicators were used again, they would yield the same results

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Data Collection for Target Group

Quantitative

Data	Source of data	Is it valid and/or reliable?
•		
•		
•		
•		
•		

Qualitative

Data	Source of data	Is it valid and/or reliable?
•		
•		
•		
•		
•		

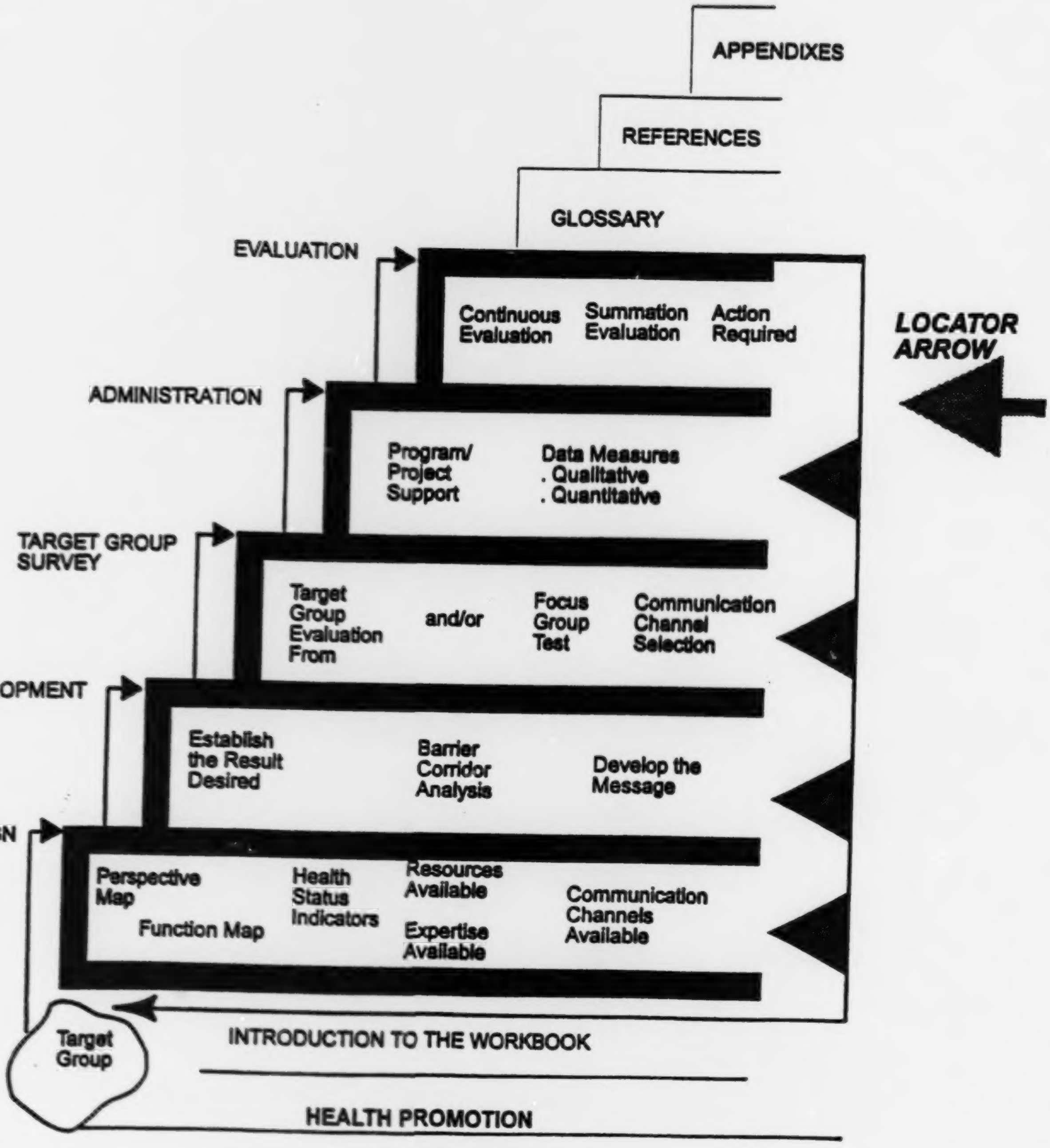
GO TO Continuous Evaluation, page 49

Have you been consulting with the target group?

Whether you have or have not . . . it may be advisable to consider Participatory Action Research!

See Appendix C.

Notes: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Continuous Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 52

GO TO Summation Evaluation, page 53

**It may be helpful to fold
this page in the
other direction
so that the
following pages
can be referenced.**

**Then you are able
to complete the
Summation Evaluation Form.**

PAGES - 50, 52, 54

Additional space for thoughts generated by Continuous Evaluation

Continuous Evaluation As information becomes known, it can be recorded by source for analysis and synthesis later. The following filter is thought to be useful.

Consider:

KEEP (high satisfaction, high importance)

Is the information of **high** importance to ensuring successful implementation of the health promotion message? Am I/we highly satisfied with the information?

CHANGE (mid satisfaction, mid importance or high satisfaction, low importance or low satisfaction, high importance)

Is the information of **some** importance to ensuring successful implementation of the health promotion message? Am I/we somewhat satisfied with the information?

DELETE (low satisfaction, low importance)

Is the information of **little or no** importance to ensuring successful implementation of the health promotion message? Am I/we not satisfied with the information?

For information that falls into several places,
then mark the inserts with an asterisk (*) for later review.

Pull-out = >

Additional pages for this component are found in Appendix D.
They can be photocopied and inserted with this page.

Summation Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 56

GO TO Action Required, page 57

To be able to complete the Action Required Form, it will be helpful to consider the following pages.

PAGES - 54, 56, 59

Additional space for thoughts generated by Summation Evaluation

Summation Evaluation Upon completion of the program, all the data can be reviewed as to what to keep, change and delete about the whole program. These decisions concern the content, input, process, products, output and outcome of the program. When a decision is made it is essential that the reason for the decision be recorded as well. It is helpful to start at the beginning of the workbook and review the notes asking:

SO WHAT? THEN WHAT?

So what happened? Then what happened?
So what did we do? Then what do we have?

Consider:

DESIGN	Content -	information, ideas made available to work with - needs assessment
DEVELOPMENT	Input -	the materials, the resources available to work with - needs analysis
ADMINISTRATION	Process -	the practical "how-to-do-its" used to work with the content and inputs - task analysis
EVALUATION	Product -	en-route and/or tangible ends (e.g., pamphlets, reports, competence obtained) available to the target group and the agency
	Output -	aggregate products (e.g., new knowledge, new skills, service delivery, message promotion) delivered to the target group that have reliability and validity
	Outcome -	effects of the aggregate products (e.g., continued funding, self-reliance, positive agency image, continued use of services) in/on the target group & society as a whole

Pull-out = >

To be able to complete
the Action Required Form,
it will be helpful to reference
the following pages.

PAGES - 50, 52, 54, 56, 59

Action Required

Action to be Taken for the future	Person Responsible for future actions	By When
•		
•		
•		
•		
•		
•		
•		

GO TO Design, page 7

CONGRATULATIONS

from me!

It was great working with you.

Action Required

The story may read:

> ***Once upon a health promotion program . . . and so the story ends.***

- 30 -

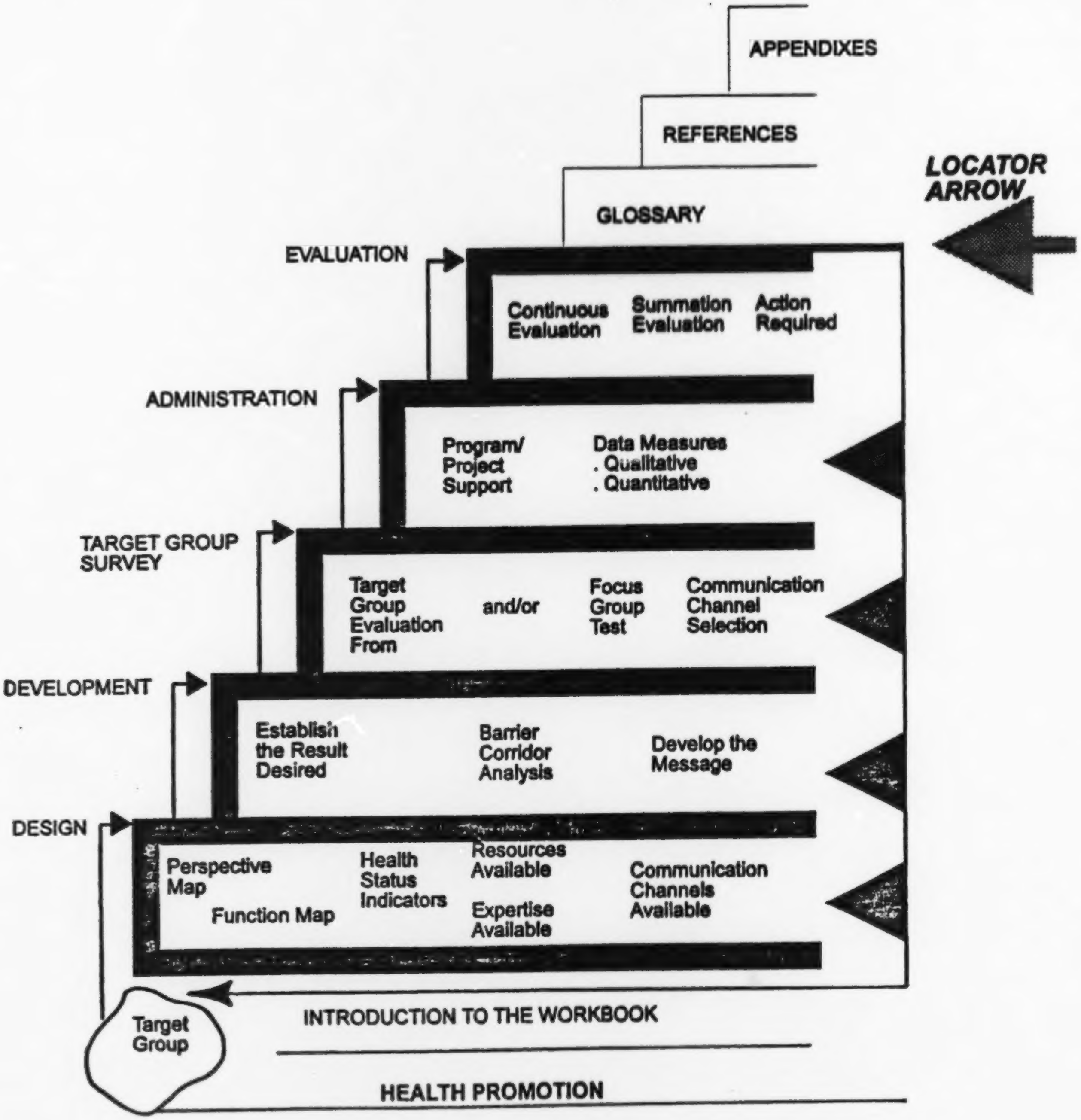
And yet, you know the story isn't finished. What you have just completed has resulted in the need for more information to be dispensed.

It is therefore important to determine what action will be taken, and who will ensure the action is completed by what time. This post component of the program finishes the current program. More importantly, it establishes what has been learned from the old program that is useful for the new program.

Consider:

ACTION TO BE TAKEN	What action is suggested for the future programs?
RESPONSIBILITY	Who is responsible for the future actions?
BY WHEN	What time lines are associated with completing the suggested actions?

Notes: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INTRODUCTION TO THE WORKBOOK
HEALTH PROMOTION

GLOSSARY

Health Promotion is a process of enabling people to increase control and improve their health (World Health Organization, 1986).

In an effort to support this premise of health promotion, this workbook outlined a systematic approach to health promotion that utilized a modified curriculum and program planning model.

The **Design** component of the workbook identified the target group and the perceptions thereof. Further, the component considered the ideas and concepts, the resources, the expertise, the communication channels available, the health status indicators that framed the needs assessment to needs analysis considerations for developing a health promotion message for the target group.

The **Development** component of the workbook considered the preparation of the health promotion message that framed the needs analysis to task analysis considerations.

The **Target Group Survey** component of the workbook considered the requirement of asking a sample of the target group to provide feedback on the health promotion message developed for the target group.

The **Administration** component of the workbook considered the application of social marketing principles through selected communication channels according to a workplan that monitors selected data for analysis.

The **Evaluation** component of the workbook considered two types of evaluation required to decide on some future action with regard to health promotion program/message development.

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Appendix A

How to Facilitate a Focus Group

HOW TO FACILITATE A FOCUS GROUP

Before you start

1. Contact the potential participants. Explain the research goals and ask them if they would agree to participate. Briefly describe the topic to be covered. Explain the confidentiality arrengements.
2. Prepare an aide memoire, or discussion guide.
3. Decide which researcher will facilitate the group and who will take notes of the disucssion. Notes can be written on a flipchart or in a notebook.
4. Be sure to have the necessary equipment (flipchart, pens, tape, etc.) on hand.
5. Arrange the seating so that the participants sit facing each other.
6. You may want to provide coffee and muffins.

During the discussion

1. Remind participants that you are interested in their experience and their stories. Make it clear that there are no right or wrong statements. do not argue with the views they put forward.
2. Keep the group on topic, but be open to a wide-ranging disucssion.
3. Don't worry about silences
4. Draw out information by asking the person more questions or inviting the person to say more. Tell participants they can do the same.
5. Depending on the topic, discussions can sometimes be upsetting. Participants can feel vulnerable at sharing personal information. Be supportive.
6. At the close of the discussion, ask participants for feedback. Ask them if the discussion has missed anything.
7. Thank them all for their time and their contribution. Explain how you plan to let them know about the results of the research.

After the discussion

1. Write up the discussion notes as soon as possible.
2. Type, or write in legible ink that is copyable. Be sure to double space.
3. Add facilitator notes as appropriate.
4. Make a copy of then otes. File the original and use the copy for ongoing work.
5. Write a thank you note to each participant.

Excerpt:
Barnsley, J., & Ellis, D. (1992). Research for change: Participatory action research for community groups. Vancouver, BC: The Women's Research Centre, pp. 76-77.

Appendix B

Sample Target Group Survey Form

Target Group Survey Form

To help us ensure the health promotion message is workable, please answer the following questions.

1. Overall, what is your level of satisfaction with the health promotion message?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Experience
4	3	2	1	X

2. Specifically, what is your level of satisfaction and the level of importance you place on each part of the health promotion message?

Level of Satisfaction	Level of Importance
4 - Very Satisfied	4 - Very Important
3 - Satisfied	3 - Important
2 - Dissatisfied	2 - Unimportant
1 - Very Dissatisfied	1 - Completely Unimportant
X - No experience	X - No experience

4 3 2 1 X ______________________________ 4 3 2 1 X

4 3 2 1 X ______________________________ 4 3 2 1 X

4 3 2 1 X ______________________________ 4 3 2 1 X

3. If you were to improve the message, what would you suggest?

____

____

4. If you were to improve the way in which we are going to promote the message, what would you suggest?

____

____

5. Are there any other comments you would like to make to help us with the health promotion message?

____

____

Thank you for helping us to better promote
the health message.

Appendix C

Suggested Steps to Conduct Participatory Action Research

PARTICIPATORY ACTION RESEARCH

Some thoughts:

- research that is participatory in design and action oriented in results
- is part of an ongoing process for change
- learning HOW people actually experience the specific issue or problem
- makes possible the development of strategies and programs based on real life experience rather than theories and assumptions

- *follows these steps as outlined by Barnsley & Ellis (1992)*

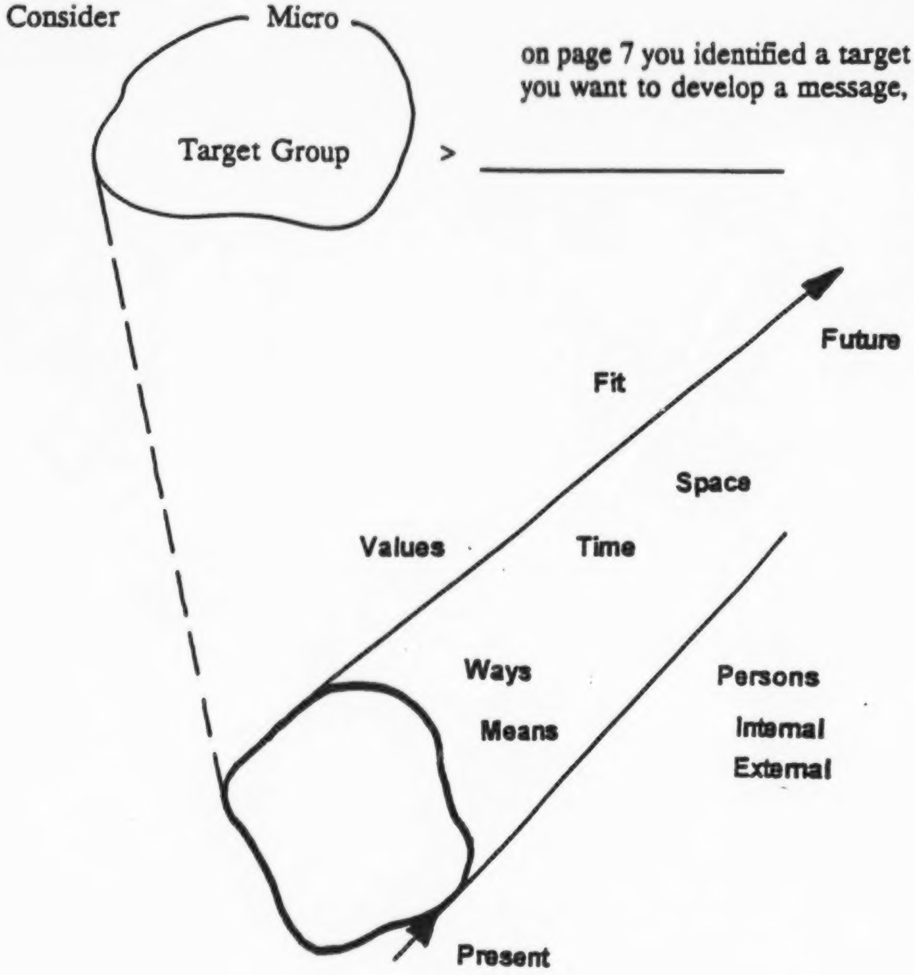
. Deal with the planning and administrative tasks.
. Develop the information matrix - what do you want to know?
. Do you need help?
. Develop the research assumptions
. Describe the research context
. Define your research goals and objectives
. Choose which data-gathering tools to use
. Decide who your informants will be
. Decide how many informants you need
. Develop your gathering tools

Excerpt: Barnsley, J., & Ellis, D. (1992). Research for change: Participatory action research for community groups. Vancouver, BC: The Women's Research Centre, p. 23.

Appendix D

Extra Forms

Perspective Map


Consider
Micro
Target Group
Future
Fit
Space
Values
Time
Ways
Means
Persons
Internal
External
Present

on page 7 you identified a target group for whom you want to develop a message, that group is

> ________________________

Open up this sheet to align the following pages . . . DES - 11, 12, 13 >

Perspective Map

WHAT IS (ARE) THE FUTURE REALITY (or REALITIES) . . . as it pertains to the health issue?

FIT

VALUES

WAYS

MEANS

TIME

SPACE

INTERNAL PERSONS

EXTERNAL PERSONS

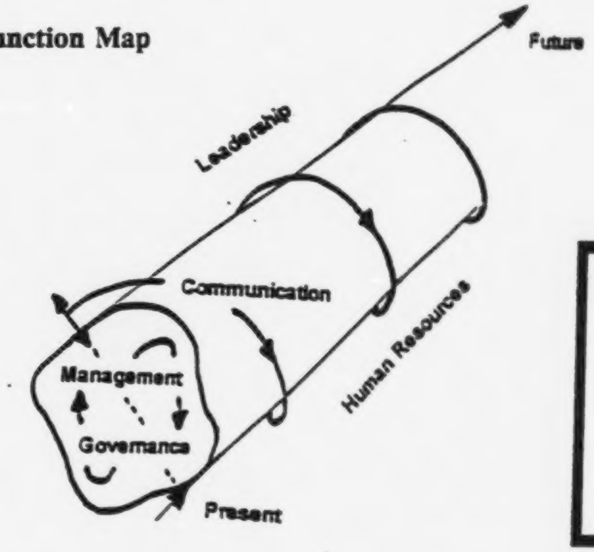
Perspective Map

WHAT IS THE PRESENT REALITY . . . as it relates to the health issue?
FIT
VALUES
WAYS
MEANS
TIME
SPACE
INTERNAL PERSONS
EXTERNAL PERSONS

DESIGN
DEVELOPMENT

GO TO Continuous Evaluation, page 49

Function Map


Future
Leadership
Communication
Human Resources
Management
Governance
Present

Leadership

Human Resources

Management

Governance

Communication

More space is provided on the next page to record your thoughts.

GO TO Continuous Evaluation, page 49

Resources Available for Target Group

Within organizations involved with the health issue-		
Electronic	Print	Financial

Within organizations associated with the target group -		
Electronic	Print	Financial

Within external organizations who can be asked to help -		
Electronic	Print	Financial

DESIGN
DEVELOPMENT

GO TO Continuous Evaluation, page 49

Expertise Available for Target Group

Within organizations involved with the health issue -

Organization	Expertise . . . people

Within organizations associated with the target group -

Organization	Expertise . . . people

Within external organizations who can be asked to help -

Organization	Expertise . . . people

GO TO Continuous Evaluation, page 49

Health Status Indicators for Target Group

Indicator	Source Confirmation	Is the Indicator valid and/or reliable?
• • • • • • • •		

What Health Status Indicators are identified by the target group?

DESIGN
DEVELOPMENT

GO TO Continuous Evaluation, page 49

Communication Channels Available for Target Group

Identification of Channel	Audience Level	Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Message Preparation for the Target Group

Establish the Desired Result . . . see questions on previous page

Outcome:

Measurement:

Timeframe:

Barrier/Corridor Analysis . . . see questions on previous page

Barriers	Solutions to Barriers

Corridors

GO TO Continuous Evaluation, page 49

Contrary Messages

Competing messages:

The Message

The message -

GO TO Continuous Evaluation, page 49

Message Developed So Far

Rewrite the statement:

Is their MAJORITY PLUS 1 AGREEMENT or 100% ACCEPTANCE? []Yes or {}No . . . if No, consider a rewrite.

Rewrites:

TARGET GROUP SURVEY ADMINISTRATION

GO TO Continuous Evaluation, page 49

Communication Channel Selection

Identification	Contact Person	Second Contact Person
•		
•		
•		
•		
•		
•		
•		

By identifying possible communication channels, has the list suggested other Health Status Indicators?

GO TO Continuous Evaluation, page 49

Program/Project Selection

Goal (to have)	Objective (to do)
A:	A1: A2: A3:
B:	B1: B2: B3:
C:	C1: C2: C3:

GO TO Continuous Evaluation, page 49

Data Collection for Target Group

Quantitative

Data	Source of data	Is it valid and/or reliable?
•		
•		
•		
•		
•		

Qualitative

Data	Source of data	Is it valid and/or reliable?
•		
•		
•		
•		
•		

GO TO Continuous Evaluation, page 49

Continuous Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 52

GO TO Summation Evaluation, page 53

Summation Evaluation

Keep (high satisfaction, high importance)

Information	Source

Change (some satisfaction, some importance)

Information	Source

Delete (little or no satisfaction, little or no importance)

Information	Source

Additional space available on page 56

GO TO Action Required, page 57

Action Required

Action to be Taken for the future	Person Responsible for future actions	By When
•		
•		
•		
•		
•		
•		
•		

GO TO Design, page 7